

R.N.

a journal for nurses

- ▶ Democratic
Administration
- ▶ Navajo Nurse
- ▶ Can Hospital
Odors Be
Banished?



March 1954



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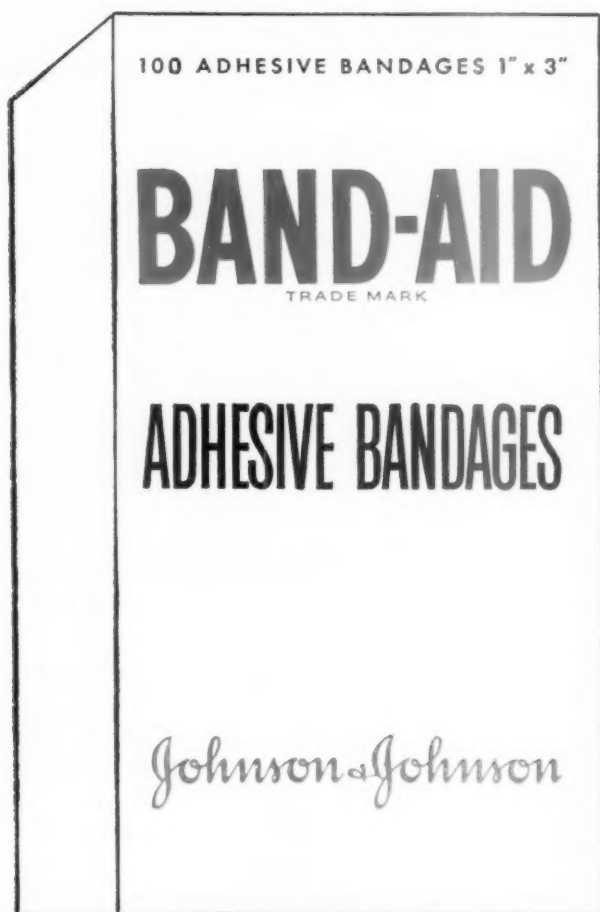
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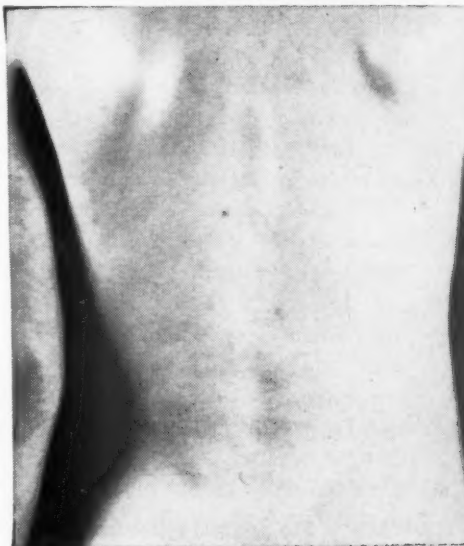
1. J.A.M.A. 140:768, 1949.

2. Ohio State M. J. 42:254, 1946.

3. Diseases of the Skin, 1943, p. 291.



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Debits and Credits

Ostriches or Eagles?

Dear Editor:

The other evening I attended a district meeting of my state nurses' association and found many of the members discussing "Nurses and Tips" [R.N., Nov., 1953] and "What Has Happened to Our Nurses?" [American Weekly, Nov. 15 and 22, 1953]. Many nurses at the meeting were unaware that the practices discussed in these articles do exist, or else declared hotly that they know they do not exist. Should we, as members of a profession, be guilty of ostrich-like behavior, bury our heads in the sand after muttering "Taint so," or should we appraise the situation intelligently and say, "What shall we do?"

Because I was a general duty nurse during the war, when staffs were even more inadequate than they are now, and am now performing administrative duties, I can see both sides of the picture. General duty nurses ask, "Why can't the hospitals pay us more and give us more benefits?" But the administrative side is not as bright as the hospital staff members would like to believe. Very few hospitals break even financially, and even fewer show an actual profit at year's end. And this simply means

that even the most willing administrator cannot raise salaries of nurses until he figures out some way to do so and still meet all the other hospital expenses.

Until such methods can be worked out, let's have patience and let's try to recapture some of the old spirit of nursing. Let's work with the practical nurses and aides—we have the educational background to guide them so let's use it to promote the welfare of our patients. And let's stress to our friends and contacts the value of health and accident insurance. I think every nurse should work not only through her professional organizations but each as a committee of one to educate, promote, uphold, and elevate those standards for which the nursing profession has stood for so many years. Let us be as the eagle who watches and soars, and not as the ostrich who buries his head in the sand that he may not see.

EDITH M. TURNER, R.N.
PRINEVILLE, ORE.

Clear View

Dear Editor:

Have just read your January editorial with gusto. What a triumph! Please, where may I obtain copies of Albert Q. Maisel's syndicated Sunday

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feature? We so need to reach the public, who seem to be as confused regarding this dilemma as are the nurses who are trying to reach equal status.

I am enjoying, and have enjoyed, R.N. immensely. Are your ideas and those of your associates and consultants reaching John Q. Public? You and your staff are doing a great job and service. We in the field have our own soap boxes and are trying to do our best to give the public an unde-filed view of nursing, but we need help. I shall appreciate any information you can give me about Mr. Maisel—my ignorance is *not* bliss.

(MRS.) FLORENCE J. BLISS, R.N.
LANSING, MICH.

[Individual copies of Mr. Maisel's two-part article, "What Has Happened to Our Nurses?", can probably be obtained from the editorial office of the local newspaper which carried the American Weekly supplement. Albert Q. Maisel is an author whose major literary interest seems to be writing about the health field. During the war he was a war correspondent, assigned to the Navy to report on Navy medicine. In recent years his free-lance articles have appeared in many American newspapers and magazines. A provocative writer, in-sofar as he utilizes "shocking" or glaring examples of neglect to illustrate the points he wishes to make, it is futile to dismiss his attacks on what he regards as problem areas by saying they are nothing but sensational revelations. In medicine, the fact that a suspected cancer is found to be a small one does not mitigate the



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need for prompt treatment or surgery. And the quicker such a condition is diagnosed and treated, the less chance there is that it will spread throughout other vital organs. Should not the same logic apply to "isolated instances" of poor nursing or medical care?—THE EDITORS]

Bouquet

Dear Editor:

The faith in nurses will not fade when there are still people like you, Miss Lewis, and Miss Geister to fight for the profession. Yours is not an easy task—it takes courage—but your work will not be in vain. There are still many nurses who are true to the profession, as the January issue of *R.N.* shows in its letters to the editor. I wish to take this opportunity to say thank you for the good work you and your staff are doing. We *R.N.*'s will never be able to thank you enough.

RENEE GERMAN, *R.N.*
 GARFIELD, N.J.

Question

Dear Editor:

The space allotted to *Debits and Credits*, like the rest of *R.N.*, is always interesting to me. I wonder if any readers could answer a question for me. Is there any other hospital beside ours located forty miles from a railroad and just as far from a bus or any type of public transportation? If such a hospital does exist, I should appreciate hearing from someone who knows about it. I have inquired

March *R.N.* 1954

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IDA C. RYBERG, R.N.
BIGFORK, MINN.

Senseless?

Dear Editor:

I enjoyed your January editorial very much, and am anxious to make a few comments on the subject of present day nursing. It seems to me that the nursing profession has gradually gone downward ever since the trend toward more book work and less practical work in nurse's training was started. When I was in training, 60 per cent of my class were expelled because they got one "D." Most of these girls did excellent floor duty

work. This was the case in every graduating class at our hospital and, reportedly, in every hospital in the Los Angeles area. When only 30 to 40 per cent of every class graduates there is bound to be a shortage of nurses. Then, because of this shortage, classes of six weeks to six months were started for nurses' aides, and practical or vocational nurses. These girls were pushed through their courses, and most of them give poor nursing care. Yet in spite of this, our professional nurse schools continue to have rigid scholastic requirements and expel girls who can give good patient care for one "D" in their academic work. To me, this doesn't make sense. Does it?

JOAN SHIRLEY, R.N.
NORTH HOLLYWOOD, CALIF.

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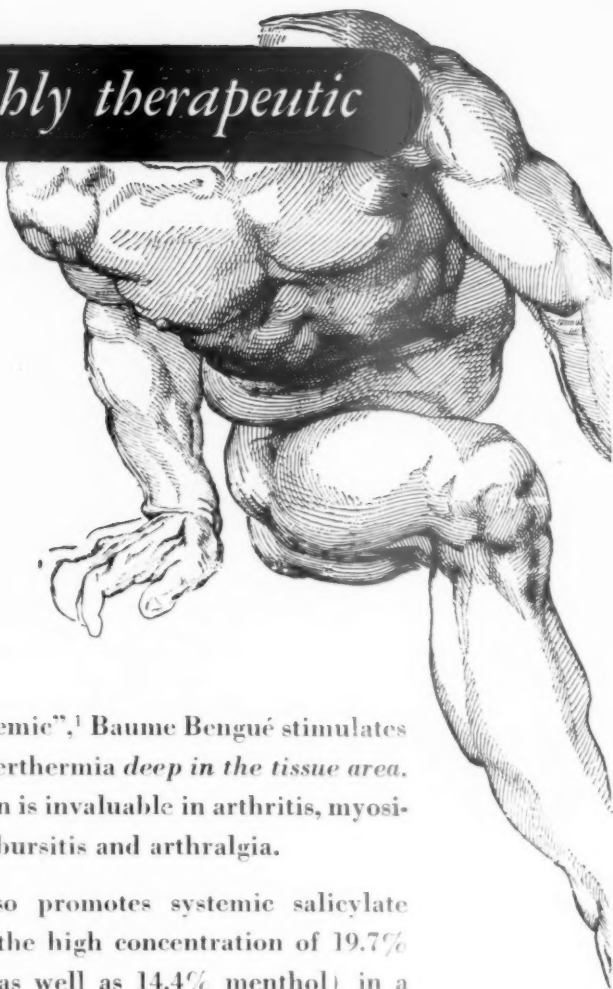
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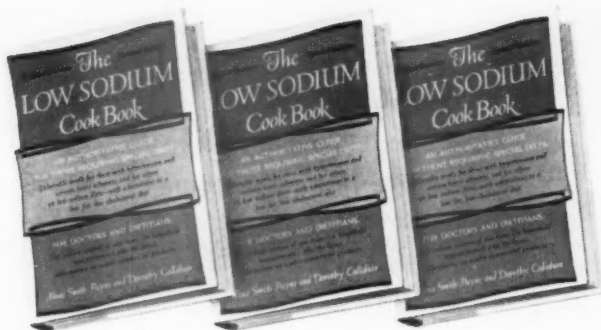
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I. Lange, K., and Weiner, D.: J.
Invest. Dermat. 12:263 (May) 1949.

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This edition is the same book with two exceptions—it has a paper cover instead of cloth and it has an *added* section on fresh lemons as a seasoning. The rest of the contents are identical—nearly 500

pages of useful information for the low salt dieter including unusual recipes and helpful suggestions as well as tables giving the sodium, cholesterol and fat contents of 900 items in household measurements.

Here is a long-needed, complete and authoritative guide to help make low salt menus palatable and interesting. You and your patients are invited to write for copies at the special price while the limited supply lasts.

*By Alma Smith Payne and Dorothy Callahan, research dietitian, Massachusetts General Hospital, with introduction by Francis L. Chamberlain, M.D., M.Sc.D.

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Travert 10%-Electrolyte No. 3	63.0	17.5	—	150.5	—	70.0	—	—	Travert 10%	Any
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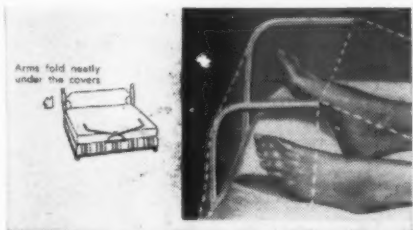


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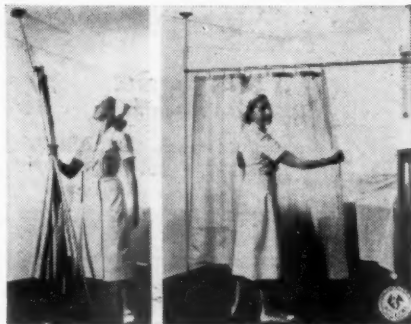
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Erratum: In Feb. R.N., the spray-on surgical dressing Aeroplast should have been reported as sealing out contaminants.

◀Twisters, turners, and spread-eagle sleepers as well as bed patients will welcome this blanket support that keeps heavy bedding from treading on sensitive toes. Designed with a metal base that fits under the mattress and two metal arms that raise the bedclothes and fold flat when the bed is made, the device is featured by Nancy's Bazaar, P.O.B. 340, Elizabeth, New Jersey, for \$4.75 p.p.



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Johnson & Johnson

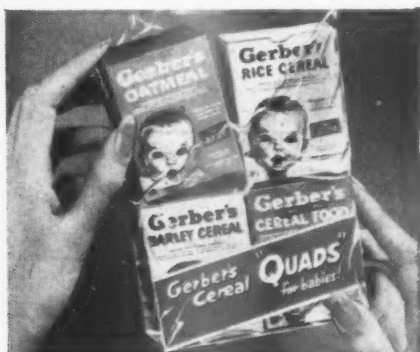
NEWS!

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Gerber's "Quads", of course! New small sizes of Gerber's four starting cereals . . . neatly packaged together in cellophane. Rice, Barley, Oatmeal, and Cereal Food (a mixed cereal) combined for greater ease in rotating variety, in determining infant preference, in convenience for young mothers.



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HOW DEAF WE CAN BE!

■ HOW OFTEN ARE IDEAS evaluated on the basis of the person advancing them rather than on the merit of the ideas themselves? Is it not true that all too frequently any idea plus status equals respect and ready acceptance of the idea?

People are peculiar in their psychological biases. Just how peculiar can be demonstrated by the results of an experiment intentionally perpetrated by the American Management Association on 800 top personnel people attending a national conference.

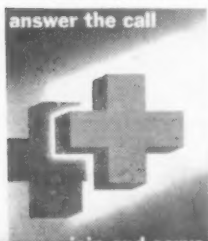
According to an account in *Independent Woman* [January, 1954], Dr. Rensis Likert, director for social research at the University of Michigan, asked these men and women to break up into eighty groups of ten apiece. After the members had started discussion on an assigned topic, each group was asked to select two of its members to be sent into another room to continue their discussion.

Following this departure, the groups, now consisting of eight members apiece, were told that before continuing with their own discussions, they were to give specific titles to the members in absentia. One member was to be thought of as the head of a multi-million dollar corporation; the other as a head bookkeeper in a small, insignificant business.

After an interim period, the banished members were invited back—each “tycoon” and “little bookkeeper” rejoining their previously assigned groups—but without knowledge of their pseudo-titles.

The members of the group continued talking over the problem before them for fifteen minutes longer, allowing the returnees to speak first. The eighty groups were then called together in a general session.

And here came the switch. Instead of asking for group reports,



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Editorial

the social research director asked those who unknowingly were cast in a new role when they had been sent out of the room to report on how their individual comments had been received by their own groups upon their return.

Now hear this! Without exception, those dubbed corporation heads told of the flattering attention their ideas had commanded after they returned. "Everyone hung on their words, weighed them with care, and responded to their astuteness." The poor, baffled bookkeepers, however, fared differently. Regardless of their acceptance before their exit, upon their return their contributions were met with "disinterest or impatience." There was a marked disinclination to pay any attention to ideas they tried to advance.

Here was an artificial set-up—group-made "big shots" and "little guys"—yet the top personnel workers involved unconsciously reacted in this role playing situation as they obviously do under real life conditions.

Try this revealing experiment sometime in nurses' meetings and find out for yourself how peculiar people are—and how much importance is attached to status. But even if you don't repeat the experiment, give some reflective thought to what happens to the sound idea that has had the misfortune to be prematurely born within the mind of one who has not yet arrived at what could be regarded as a status position.

The key ideas to the solution of many of nursing's perplexities may lie unrecognized or unrespected in the minds of nurses around us who have never graced a speaker's platform or been elected to a board of directors.

—ALICE R. CLARKE, EDITOR



Democratic Administration

by Luther Christman*

■ THE THREE MAIN types of administration currently recognized by most people are the authoritarian, the *laissez faire*, and the democratic. In the authoritarian, the power is vested in the leader. In the *laissez faire*, the authority lies in each individual; the leader adopts a "hands off" policy and gives advice only when needed. In the democratic form of administration, the power remains in the group.

Because staff relationships are assuming such great importance, let's examine some of the concepts inherent in these three types of administration. And since there is a history of authoritarian administration in nursing and in the management of our hospitals, let's consider this method first.

The authoritarian leader is not accountable to any of his subordinates, only to those above him. He does not consider himself as part of the group but superimposes himself over the group. He has little feeling for the effect of his actions on staff members and allows them to know only

what he feels is good for them to know—a "papa knows best" philosophy. The formation of policy and the power of decision are never delegated to the workers beneath him, and members are held together by the force of his office and authority.

In the *laissez faire* leader, we also see a lack of any group-oriented goals. This type of leader is primarily a loose coordinator and placater for immediate pressure areas. Each individual works out the situation as best he can with a minimum of assistance from his superior and colleagues. Here we often see the incongruity of each department of the hospital having its own fragmented approach to the functioning of the total organization.

The chief objective of the democratic leader is the development of group thinking and group motivation to promote a unanimity of decision and action. In this form of leadership, the leader is a member and part of the group. The techniques and

*Director of Nursing, Yankton State Hospital, Yankton, S.D.

processes of democratic administration are borrowed freely from group dynamics and the social sciences, and the goals and objectives are established by group processes. Success depends upon the healthy interaction of each member of the group and the dignity with which each is treated. The function of the leader is to develop an atmosphere of permissiveness so that members can learn to feel the impact of each other's personality, to learn their worth and contribution, and to develop a sensitivity to the needs of all.

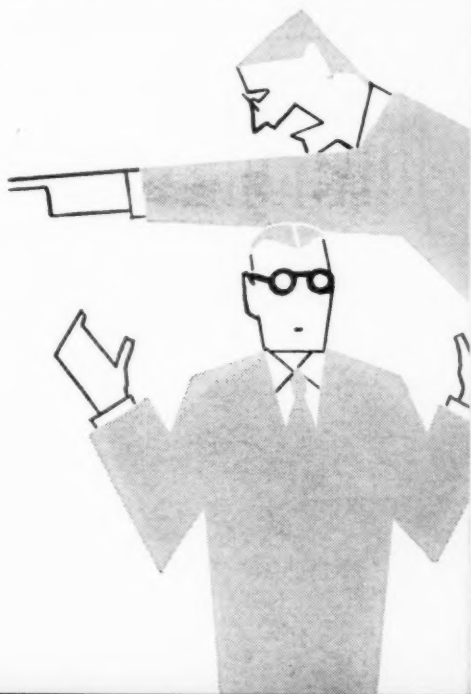
The word "permissiveness" is frequently associated with democratic methods. Just what do we mean by it? Quite simply, it is an attitude adopted to further the clear flow of the communication of ideas and feeling tones. The leader promotes this attitude by being an active listener and encouraging discussion, and by being concerned with how the group feels. He is not on the defensive nor overly concerned with his own prestige and importance; he has a finely developed sensitivity to the feelings of others rather than to the words uttered.

So often action is misinterpreted for participation. Each member of the staff must be made to feel secure so that democratic group participation can be developed to a high level and one can take full advantage of the total planning power of the group. If nurses were made to feel secure, they would be more apt to surrender the non-nursing duties and low level skills they have a tendency to cling to, and to work more har-

moniously with the nursing subgroups.

Also, each member must feel that the sanction of the leader will not be capriciously withdrawn. There must be a permissiveness of error if that error is a learning experience. Few hear of the errors of commission or omission made by administrators. Is this not because authoritarian leadership expects subordinates to excuse their errors but reserves the right to criticize the derelictions of others—which is a "sacred cow" kind of thinking?

How can we expect to develop a desirable therapeutic relationship in those who care for patients unless we first develop that feeling for *them*? It is ironic that frequently those expected to render the currently popular TLC or tender loving care have never had the emotional experience of [Continued on page 82]





NAVAJO NURSE

by Marie Curry



■ YOU MAY WONDER what a public health nurse finds to do deep in the heart of Navajo country. Here health service has ever been the prerogative of the medicine man, and of the tall, masked dancers in the Mountainway ceremonies. Navajo people are deeply religious. Customs and mores in daily usage are directed toward keeping in harmony with the universe and the "holy people" who govern it. It is a challenging problem to incorporate public health ideas of responsibility for family health and control of disease in Navajo life without too much trauma to the recipients.

The Navajo Reservation consists of 15,444,952 acres. This might be adequate for 75,000 Navajos if it were all arable, irrigated land—not wind-swept mesas, sandy washes, and deep, red-rock canyons where nothing grows. Despite the area to be covered and the conflicting cultural beliefs and language barriers, the U.S. Government is doing a better job of health service than is generally recognized.

Community problems and case loads vary for the fifteen public health nurses at the Reservation, but the work here at Lukachukai is fairly representative. Lukachukai is in the



mountains, high in the northeast corner of Arizona. At present, six white people live at Lukachukai Agency. My office and home are in the same building. It is a compact little office serving all purposes from reception to treatment room. For problems best discussed in private, such as tracing V.D. contacts, my living room serves quite well. The people and I are on terms of easy friendliness so we do not mind.

There are approximately 3,800 patients listed in my family records, although these cases are not all currently active. Since there is no resident doctor, patients needing dental care, x-ray, or hospitalization are sent, once a week, in groups of ten or more to the base hospital at Fort Defiance, sixty miles south over the mountain. In winter it is 120 miles to the base hospital.

One day a week I spend at Lukachukai Boarding School and one day in my office for family service. (Boarding school students gain an average of seven pounds during the school term but lose most of it during vacation on the prevailing diet of bread and coffee.) Six remote communities are visited twice a month. I visit only four schools, therefore, I

can give more time to home visits and tuberculosis control.

Tuberculosis is still our major problem; the incidence and mortality is higher among the Navajo than among any other ethnic group. Ideal for the disease are the "open" cases who refuse hospitalization or who sign out while still infectious, overcrowding, appalling sanitation, low income, and poor food habits. We try to see to it that school children from tuberculous families or those who fail to gain satisfactorily have chest x-rays at least once a year.

The highest incidence and mortality of tuberculosis are among our young mothers. They marry early and go from pregnancy to lactation and lactation to pregnancy with rarely a recuperative interval. Since the culture is matrilineal and matrilocal, motherless children are returned to the maternal grandmother, who probably was the original source of the tuberculous mother's infection, and thus the cycle continues.

Infant mortality is still alarming. We in the field are doing our utmost to change this through constant teaching of hygiene and child feeding. Young men, especially World War II and Korean veterans, are

Despite the lack of calendars in most hogans, families drive as much as twenty miles in covered wagons over very poor roads to attend nurse conferences held each month.



eager that their children have modern care. However, because of the matrilineal system, the mothers are dominated by the older generation. They resist with a gentle but implacable stubbornness any attempt to change tribal customs. This explains, too, their unhappiness off reservation, and unwillingness to remain when their husbands find employment in industry.

About 450 Navajos attend the nurse conferences each month. In remote communities they are held at trading posts, schools, hogans, or, if no other facilities are available, from the back of an ambulance. Besides immunizations, the nurse's duties include prenatal care; the drawing of blood for serology; V.D. follow-up; infant care; minor morbidity service; and, always, vitamins for tuberculosis contacts among pregnant or lactating mothers and undernourished children. The U.S. Indian Service is generous in supplying needed vitamins, and the results are gratifying.

For me, home visiting is the most rewarding phase of my work. There is a prescribed way for entering a hogan, for greeting each member, and for waiting a courteous interval before speaking. If the children are not just outside the hogan when a visitor appears, they melt into the terrain like quail. If I stop and remain perfectly still, I may see bright, black eyes, under a tangle of hair peering furtively over a clump of sage or around a boulder. After I am seated awhile with the adults on the hogan floor, curiosity overcomes shyness, and they scuttle in to the shelter



of their mother's wide skirts. Two or more women, usually sisters, may be sharing the home; sometimes they are the wives of the same man. It is poor manners to be working when a guest arrives. One must be sitting quietly, awaiting her greeting. Indian women have thus earned a reputation for idleness; in truth, they work prodigiously. There is always wood to be chopped; water to be hauled; meals to prepare over a makeshift stove or open fire; wool to be combed, carded, spun, and woven.

Home visits average 150 a month. Nothing else pays off so well in understanding the family resources and

potential betterment of health conditions. Office visits, outside of conference hours, average 200 a month, increasing during "flu" or enteritis epidemics. To give you some idea how the interplay of conflicting customs complicates a simple interview, here is a true, though composite picture of a typical office visit.

Enter tall young Navajo, who shakes hands gravely, says nothing.

Nurse: Greetings, Younger Brother.

Be seated. (Long silence. The longer the silence the more courteous the interview. Finally:)

Nurse: What is your thought?

Father: My baby—his head hurts. Aspirin give to me.

Nurse: Where is your baby, and what makes you think his head hurts?

Father: His head is hot. He is there in the wagon with his mother—his grandmother, also.

Nurse: Bring them in, Younger Brother. *(Short interlude. Father*

returns, followed by a girl carrying a cradle board smothered in blankets, and an old woman leaning on staff. All sit on floor.)

Nurse: It is not cold in here. Take the baby from his cradle so I can find out what his fever marks. Lay him across your knee, Little Sister, softly now, face down. *(Takes temperature.)* His fever marks one hundred and a small two. What is this black all over his body? *(Though she knows well enough.)*

Mother: Navajo medicine *(Baby starts to cry, coughs, cries again. Mother pulls up her blouse and nurses him.)*

Nurse: How many days is his body feverish?

Father: One day.

Nurse: The Medicine Man, how many days at your hogan?

Father: We had a three-day "Sing." This is the fourth day.

Grandmother: I said, "Get Hatale Tseginí [*Continued on page 88*]



Although this hogan was built as an "Isolation Quarters" for an active case of tuberculosis, it is typical of the homes where most Navajos dwell. Due in part to living conditions such as these, tuberculosis is a problem of great magnitude.

Do you pay by check?



by Althea Powers

■ FEW PERSONS would deny that checking accounts are convenient. The casual manner in which most of us dash off a check in payment for the rent, the phone-bill, or the purchases we have ordered from the downtown department store testifies to what degree of acceptance this means of payment has won.

It is a known fact that in America for every dollar in cash, \$150 in checks are handled. Since 1939, the number of checks written and cashed has increased fourfold with the result that we have become so familiar with the use of checks that we rarely pause to think of the complexities which may be involved each time we draw a check. For example, we forget, or it has never occurred to us, that the bank has to collect the amount of the deposited check from the bank on which it is drawn before

it is in a position to honor the check. This involves time, and, strictly speaking, we cannot draw against a deposited check until it has been cleared. When only local banks are involved, the interval between deposit and clearance may be very short, but when out-of-town banks are implicated this interval may be much longer. Each bank has a schedule covering all other banks which it will show you if asked to do so.

The number symbols at the upper right corner of each check concern the routing of checks for clearance. The hyphenated figures above the line are actually code numbers denoting the bank on which the check is drawn; the figure under the line is the code number for the Federal Reserve Bank through which the check will be routed for clearance if it is

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to be collected in another part of the country.

There are ways in which the collection of a check may be speeded up, however. Upon request, and for a special fee, banks will send the check which you have deposited directly to the bank upon which it has been drawn. This saves time as the check does not then have to go through the Federal Reserve Bank for clearance.

When faced with the problem of cashing a check in a town where you are not known, you can, if you need the money immediately, ask the bank to wire your own bank to make sure you actually do have an active account which will cover the amount of the check there. The expense of the wire will be charged to you. If you are not in a hurry, you can leave a check with the bank and the bank will pay you the stated amount after it has cleared the check with your bank.

Contrary to popular opinion, even a certified check cannot be drawn upon until the bank in which it is deposited has had the necessary time to collect the money. This is also true of cashier's checks and bank money orders. Certified checks are checks which are drawn on the payer's own account and are stamped as certified by the bank. The bank withdraws the money from the payer's account and earmarks it to cover the check which it has certified. For this reason, if a check has been certified and then is not used, it is important that it be returned to the bank so that the funds may be put back into the pay-

er's account and into circulation once again.

To obtain a cashier's check it is not necessary to have a bank account; the bank merely draws a check upon itself after it has been given the stated sum in cash. An individual's name is not even on the check, whereas, in bank money orders, a name does appear on the order.

A word to the habitual checkholder: It is well to cash or deposit all checks immediately upon receiving them. This is not only out of consideration for the drawer who will have difficulty in keeping his accounts straight if checks are not presented for payment promptly. It is also very much to the advantage of the payee. Checks can be lost, stolen, or forged. If the drawer should die, the check would become worthless. Or there is always the possibility that, upon second thought, the drawer might decide to have payment stopped, whereupon the check would be returned unpaid. Moreover, many banks will refuse to honor checks which are over three to six months' old—the exact time limit depends upon the individual bank—unless the check is confirmed by the drawer. It is true, however, that old checks are not invalid per se as long as they fall within a period determined by the statute of limitations.

We are all too often careless in handling checks. We know that we are liable for payment the moment we endorse a check, yet many of us will endorse a check and carry it about for days before cashing it;

once the check has been endorsed it becomes legally negotiable. If it is lost or stolen, the person into whose hands it falls can exchange it for its value in money with relatively little difficulty.

A point to remember in endorsing a check is that it is important to write your name exactly as it is written on the check even if it has been misspelled. In this event, it is then advisable to re-endorse the check using your proper signature—the signature which you ordinarily use in signing checks.

To keep your checking account in order, it is important to enter all the details pertaining to the check on the stub, and the best time to do this is before tearing the check from the checkbook. It is also helpful to write the reason for which the check was drawn on the stub or in the lower left hand corner of the check. However, the idea that canceled checks with such reminders on them have the status of a contract with the payee is erroneous.

Because of the vast amount of business that is transacted through the use of checks, a number of "check artists" have sprung up. Through their combined efforts, these individuals have swindled the American public out of an estimated \$400 million a year—a sum greater than the annual fire loss.

Most of us believe that we ourselves are unlikely to be touched by these losses. We have the tendency to think that they happen only to the other fellow—to those who frequently write large checks or have large bank

Science Shorts

The daily use of vitamin-containing cosmetics over a long period of time appears to serve little purpose and may even have a deleterious effect, according to Mrs. Veronica Conley, writing in *Today's Health*. Mrs. Conley is assistant secretary of AMA's Committee on Cosmetics.

Dr. Fred Falls of the University of Illinois told the American Academy of Obstetrics and Gynecology recently that maternal mortality in Illinois had fallen from seven per 1,000 mothers in 1930 to three per 10,000 in 1952.

Out of each 100 boy babies born in 1954, sixty-four will live to be at least sixty-five years of age; of each 100 newborn girls, seventy-seven will reach this age, Metropolitan Life Insurance Company statisticians point out. In 1900, less than forty from each 100 boy babies and only forty-four of each 100 girl babies lived to reach 65.

New evidence that the polio virus is one of the smallest of all viruses is the series of pictures of an isolated virus shown for the first time last November. The virus is 30 millimicrons in diameter. (One millimicron equals 1/250,000,000 of an inch.)

WHO reports that, in Egypt, the electro-coagulation method of treating trachoma has proved effective. This particular type of diathermy was devised more than twenty years ago by Prof. Gholi Chams of the University of Teheran. Allegedly, this method of treatment eliminates the virus of the trachoma by means of the heat it produces. A harmless scar is formed.

The extremely painful "dry socket" which sometimes appears after tooth extraction is caused by the infection of the blood clot which forms in the socket and can be prevented by the administration of oxytetracycline (Terramycin), Dr. Peter J. DiConza reports in the *New York State Dental Journal*.

In his final report, New York City's outgoing Health Commissioner, Dr. John F. Mahoney, revealed that the city's tuberculosis death rate had dropped 21 per cent in the eleven months preceding January of this year.

Writing in the *American Journal of Surgery*, Dr. Harry D. Propst of the Guthrie Clinic and Robert Packer Hospital, Sayre, Pa., recommends the impregnation of wet surgical linen with either hexachlorophene or Roccal (a solution of benzalkonium chloride) as an aid in preventing the transmission of bacteria to wounds during surgery.

For the third consecutive year, the state-federal rehabilitation program supervised by Mary E. Switzer, vocational rehabilitation director in the Department of Health, Education, and Welfare has made the employment of over 60,000 handicapped persons possible.

A new common factor in blood designated as Factor U has been described in the *JAMA* by Dr. A. S. Weiner, Dr. L. J. Unger, and E. B. Gordon. Lack of the factor has been observed only in Negroes. In tests involving 690 Caucasoids and 450 Negroids, Factor U was present in the blood of all the Caucasoids but four of the Negroids were without it.

accounts. Unfortunately, this is not the case. Persons of ordinary means are also repeated targets for check manipulators—probably because the checks involving small sums are not subject, as a rule, to the sharp scrutiny accorded checks for large amounts.

Forgery has long been associated with banking. In nineteenth century England, hanging was one of the penalties for this crime. But how do check artists go about altering checks? Swindlers can alter the name of the payee; the amount of money to be paid may be raised; the date may be tampered with; or fictitious checks may be issued and signatures of either endorser or drawer may be forged.

How can we guard our checks from the forgers' handiwork? To lessen the danger of forgery some persons use signatures in signing checks which differ from the signature which they customarily use for other purposes. For example, a person may ordinarily sign her name *Ann R. Jones* except when signing checks. She may then use the signature *Ann Rose Jones*. Forgers have stated that it is much easier to reproduce signatures which are written with flourishes or scrawls than it is to reproduce those written in a simple, straightforward, and unpretentious manner.

Carelessness in writing checks makes check artists' work much easier. The use of abbreviations or shortened form of the payee's name may be dangerous. Make it a point to write the payee's name directly

after the phrase "Pay to the order of" leaving no extra space between the last word and the payee's first name. The entire line should be filled out—otherwise Lee Co. may easily be altered to Lee Conant, or Charles Jones may become Charles Jones Smith or John Charles Jones in the hands of a clever and experienced check artist.

Probably, the greatest danger comes from those who raise checks—that is, make changes in the sum to be paid. The check and signature are both genuine; furthermore, it is up to the person who drew the check to prove that the check was raised. Often, persons who raise checks steal them from the mail. Bank statements and cancelled checks are also welcomed by these persons for, from them, they can learn how much money you have in the bank, how you draw your checks, and how you write your signatures; a bank statement is an almost perfect means of identification.

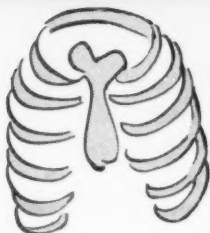
A number of business firms and institutions often utilize special ways of safeguarding their checks. For example, check-making devices have been evolved which macerate the amount into the paper with indelible ink. A special safety paper for checks is also available which reveals a number of previously hidden "VOID'S" whenever any type of chemical eradicator is employed. Many banks will not honor a check if there are any indications that what was originally written upon it has been altered for any reason. Consequently, it is always necessary to

resort to a fresh check whenever you make any mistakes in writing checks rather than to try to make corrections on the old one.

Check-writing machines and special safety paper, helpful as they may be to business firms and institutions, are not usually within the reach of the average person. However, there are certain precautions against check-raising which the individual can follow. When filling in the figures denoting the amount for which the check is drawn, write the first numeral right up against the dollar sign. Leave no space between the last figure denoting dollars and the succeeding figures denoting cents or fractions of a dollar. A classic example of check raising was that which occurred in Chicago when a check drawn by a Chicago contractor was raised from \$27 to \$27,000 (Twenty-seven and no/100 to twenty-seven thousand no/100). The contractor himself was accused of the crime and by the time he could prove his innocence his business had failed. In desperation he killed himself, his wife, and their son.

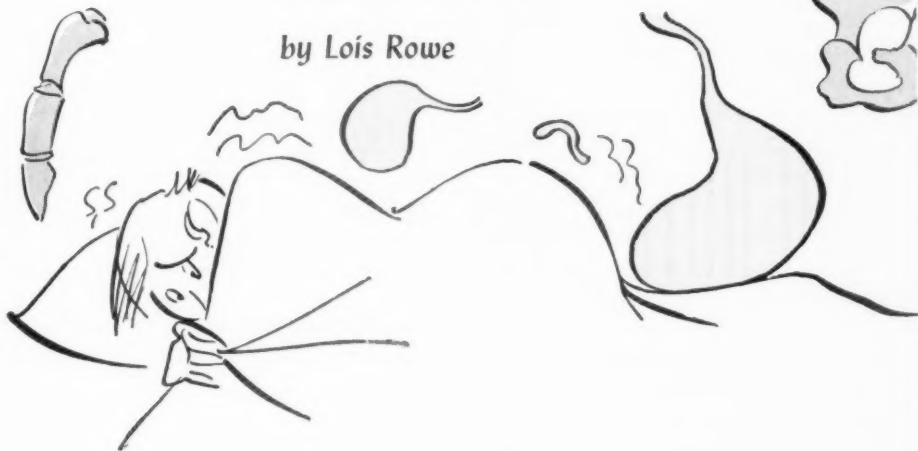
The care you take in writing and cashing checks is your main defense against swindlers. The greater your familiarity with banking practices insofar as checks are concerned, the less likely you are to become involved in legal entanglements, or to find yourself in one of those exasperating situations in which you are without money in a strange town, yet you have plenty of money in your hometown bank if *only* you could get it out.





HOSPITAL HAPPY TALK

by Lois Rowe



■ THE CONVERSATIONAL jargon of a big hospital is the strangest talk in the world. Listen to the x-ray technicians as they plan their day's work:

"How many gall-bladders today?"

"Four, and three stomachs; I can't help her even if she has seven chests and four hips. Let Mary do it; she has only three ankles. . ."

Wander up to surgery. An attendant is preparing to bring a patient upstairs for an operation. He takes instructions. Then someone tells him, "Dr. Jones' appendix is in the lobby. And after that, pick up Dr. Smith's finger from the emergency room, will you?"

In the hall a group of interns are discussing an exploratory laparotomy. "Yes," one of them says, "Dr. Lawrence's lap is as good as new!"

Down on the wards, the patients hear conversation about "Those cranks on the beds," and how they need oiling.

While to patients, nurses may seem to be "angels of mercy," it is still surprising to pick up the phone on a hospital ward and have Dr. Whozit's voice from surgery say, "Hey, nurse, is my tonsil on your wing?"

Yes, every profession has its own peculiar vocabulary, but the lingo of a hospital is just about the queerest conversation of all.



THE AUTONOMIC NERVOUS SYSTEM

■ THE NERVOUS system is one of the most complicated systems of the human body. Probably no one realizes this more than the student nurse who often upsets her own nervous system trying to learn the whys and wherefores of the brain, the nerves, and the ganglia.

Graduate nurses, too, are not exempt from the general educational confusion surrounding the nervous system. For like shorthand, certain portions of anatomy and physiology have a tendency to slip away even from the most tenacious memory. For this reason, it might be well to review briefly that extremely important portion of the nervous system—the autonomic nervous system.

The autonomic, or vegetative nervous system, as it is sometimes called, has to do with maintaining the constancy of the internal environment of the body. In contrast to the central nervous system which controls vol-

untary acts, the autonomic system is concerned only with the “automatic” functions of the body, such as the beating of the heart, the tone of the arteries, the activity of the intestines and the uterus, over which we have little conscious control. When all parts of the autonomic nervous system are in good working order, this system helps to maintain a state of stability in the blood and tissue fluids by influencing such factors as osmotic pressure, temperature, acid-base balance, concentration of salts and metabolites, and others.

Equilibrium, in fact, is the keyword in any discussion of the autonomic nervous system, for the condition or activity of the organs under its influence will depend on the balance between its two antagonistic divisions. Under normal circumstances, these two divisions, the sympathetic and the parasympathetic, which usually exert opposing effects on the vis-

cera they serve, are in a finely adjusted balance controlled by centers at various levels of the central nervous system, including the spinal cord, brain stem, and hypothalamus.* But when one division is stimulated or the opposing division is depressed, the regulatory mechanism may be temporarily thrown out of kilter.

Perhaps we can recall the functions of the divisions best if we consider the sympathetic division as preparing the body for "fight or flight,"

by Frances Lewis Elder

and the parasympathetic as preparing it for "repose and repair."

It is when the body is called upon for extra effort or to resist threatened dangers that the sympathetic system is stimulated. We have all seen how the cat reacts to the presence of a dog, with arched back, upright tail, bristling hair, and dilated pupils. Well, human beings, too, though they may not be so obvious about it, will react to crises with a generalized discharge of sympathetic impulses.

Preparing for "fight or flight," the sympathetic system accelerates cardiac action and dilates the arterioles to the heart and skeletal muscles, thus furnishing the extra food and oxygen needed for deriving greater energy. At the same time, blood vessels in the digestive organs, skin, and nose are constricted. The bronchioles

*The sympathetic division is sometimes called the lumbodorsal or thoracolumbar division. The parasympathetic division may be referred to as the vagal, bulbo-sacral, or craniosacral division.

are dilated to allow easier oxygen intake, and the spleen contracts, discharging additional red blood cells for carrying oxygen to the tissues. Sympathetic stimulation also dilates the pupils; stimulates the breakdown of liver glycogen to glucose—the fuel used by active muscles; and decreases the coagulation time of the blood, thereby reducing the danger from hemorrhage.

The generalized action of the sympathetic division in an emergency is further augmented by the hormones epinephrine and norepinephrine which are added to the blood through sympathetic stimulation of the medullary portion of the adrenal glands.

In contrast to the sympathetic division which controls processes involving an expenditure of energy, the parasympathetic is concerned with restoring and maintaining a disturbed equilibrium and storing energy. Accordingly, this division slows the heart rate; constricts the coronary arteries; brings the digestive system into action when food is ingested; inhibits glycogen mobilization; contracts the pupil to protect the eye from intense light; and constricts the air passages.

Lest this brief description of the two opposing divisions give the impression that the autonomic nervous system is chiefly related to emergencies and recovery from emergencies, it should be emphasized that a state of stability or homeostasis must also be maintained against the less dramatic fluctuations that are taking place constantly within the body. It

has been noted, too, that important as the sympathetic system is in preserving homeostasis in the body, it is possible for sympathectomized cats—that is, cats whose sympathetic nervous system had been severed at points of contact with the central nervous system—to survive indefinitely in apparent good health as long as they were not subjected to unusual stresses.

How the various autonomic effects described above are produced has been and continues to be a subject for research. Nevertheless, for our purposes, it can be said that autonomic action is caused by chemical substances liberated at the junction of nerve fibers with smooth muscle and gland cells (neuro-effectors). These neuro-hormones—acetylcholine and sympathin, an epinephrine-like substance—transmit nerve impulses and activate the effector organs.

One of these chemical regulators, acetylcholine, is released at all pre-ganglionic nerve terminals, at post-ganglionic neuro-effectors of the parasympathetic system, and possibly at synapses within the central nervous system. The autonomic fibers that carry nerve impulses mediated by acetylcholine are classified as cholinergic. Therefore, cholinergic or parasympathomimetic drugs are those that work like acetylcholine, or which reproduce the effects of stimulation of the parasympathetic nervous system such as slowing the heart and constricting the pupils.

Another hormone, sympathin, an epinephrine-like substance, is assumed to be liberated at the endings of sympathetic fibers and mediates the

transmission of impulses to muscles and glands innervated by the sympathetic system. The nerves that transmit these impulses are called adrenergic; that is, they work like adrenalin, another name for epinephrine. Drugs which produce effects comparable to sympathin or epinephrine—which stimulates effectors innervated by the sympathetic nervous system—are also called adrenergic or sympathomimetic.

When we study autonomic drugs, we find that, in addition to the drugs which stimulate or mimic the actions of the sympathetic or parasympathetic divisions, there are drugs available which can depress or paralyze muscles and glands innervated by the autonomic nervous system as well as antagonize the drugs which mimic autonomic activity. Thus, pharmacology as well as physiology can tilt the balance of the opposing sympathetic and parasympathetic forces.

The autonomic drugs generally fall into four categories: 1) sympathomimetic or adrenergic; 2) sympatholytic or adrenolytic; 3) parasympathomimetic or cholinergic; and 4) parasympatholytic.

The outstanding actions of the drugs in the first category, which mostly mimic the effect of stimulation of the sympathetic nervous system, are stimulation of the heart and constriction of most of the arterioles, resulting in a rise in blood pressure. The mixture of hormones from the adrenal gland usually produces this effect, but the commercially produced epinephrine or norepinephrine is utilized when the effect is desired

therapeutically. For the most part, sympathomimetic drugs are used to shrink congested nasal mucous membranes, to dilate the bronchioles in asthma, to combat severe allergic reactions, and to stimulate the cardiovascular system and cerebral cortex.

In the second group are the sympatholytic or adrenolytic drugs which antagonize the drugs that mimic sympathetic effects and paralyze or depress effectors innervated by the sympathetic nervous system. Drugs which exert this "adrenergic blockade" action are used primarily for their dilating effect on blood vessels in vasospastic and thrombo-embolic diseases.

The parasympathomimetic or cholinergic drugs which comprise the

third category produce the same effects as those brought about by stimulation of the parasympathetic nervous system. They accomplish this in various ways, one of which is to prevent the normal destruction of acetylcholine by the enzyme cholinesterase. Among these "anticholinesterase" drugs are physostigmine, neostigmine, and others that are used in medicine to increase intestinal peristalsis, bladder activity, and skeletal muscle function, and to constrict the pupil and reduce intraocular pressure in ophthalmological conditions, including glaucoma.

In the fourth and last category are listed the parasympatholytic drugs that are antagonistic to cholinergic drugs and [Continued on page 78]

Probie



"Like this?"

Drug Digest



PIPEROXAN HYDROCHLORIDE N.N.R. (Sympatholytic or adrenergic)

PRODUCT NAMES: Benodaine Hydrochloride

PHARMACOLOGY: Although piperoxan hydrochloride has an inhibitory action on structures innervated by the sympathetic nervous system, it is generally described as adrenergic instead of sympatholytic for, while effective in blocking the effects of circulating epinephrine, it is unable—in clinical doses—to reverse the response of the peripheral sympathetic nervous system. The drug is used chiefly as a test for the presence of pheochromocytomas (epinephrine-producing tumors) in patients who have hypertension.

DOSAGE: The recommended dosage of piperoxan hydrochloride is 0.25 mg. per kilogram of body weight up to a maximum total dose of 20 mg. Before the drug is given, an intravenous infusion of isotonic sodium chloride is begun and frequent blood pressure readings are taken for twenty to thirty minutes or until the blood pressure is stabilized. Piperoxan hydrochloride is then slowly injected into the infusion system and blood pressure readings are made at one-minute intervals during injection and also for a period of ten to fifteen minutes after injection. The presence of an epinephrine-producing tumor is indicated if the blood pressure falls significantly within four minutes, returning to normal within fifteen minutes.

UNTOWARD ACTIONS: A number of mild side reactions, of momentary duration, have been reported to follow the administration of piperoxan hydrochloride. These include flushing, rapid heart beat, palpitation, cold and clammy extremities, nervousness, slight headache, fright, sighing respirations, dizziness, substernal pressure, precordial distress, and hyperpnea. In rare instances, blood pressure rises of alarming degree have occurred. The use of nitrites or injection of the tetra-ethylammonium ion has been of value under such circumstances.

ATROPINE SULFATE U.S.P. (Parasympatholytic)

PRODUCT NAMES: Distributed under official name.

PHARMACOLOGY: Atropine sulfate, the outstanding parasympatholytic drug, blocks the action of acetylcholine at the endings of postganglionic parasympathetic fibers in smooth muscles and glands. Because of this inhibitory action, the heart is accelerated, bronchi become dilated, intestinal peristalsis is inhibited, and spasm of the bile ducts and ureters is relaxed. The anticholinergic action of atropine in certain portions of the sympathetic and central nervous system accounts for its ability to diminish bodily secretions such as sweat, and to stimulate and later paralyze certain cerebral and medullary centers. Therapeutically, it is used in gastric hypermotility, in spasticity of the small intestine and colon to relieve smooth muscle spasm, in peptic ulcer to reduce gastric secretion of acid, during anesthesia to diminish salivary and bronchial secretions, in ophthalmology to dilate the pupil and paralyze accommodation, and in many other conditions, including parkinsonism. Atropine is an effective antidote in cases of toxicity resulting from over-stimulation of the parasympathetic system.

DOSAGE: Atropine may be given orally, subcutaneously, or intramuscularly with the usual adult dose ranging from gr. 1/200 to gr. 1/50. Usually, a 0.5 to 1 per cent aqueous solution (or ointment) is employed in eye cases. When applying the drug topically in such cases, pressure on the inner canthus is recommended to lessen systemic absorption.

UNTOWARD ACTIONS: Side effects include a dry, beet-red skin, dryness of the mouth, difficulty in swallowing, blurred vision, dilated pupils, and a marked rise in temperature. Higher dosage is followed by restlessness, disorientation, and delirium. With fatal dosage, initial stimulation is followed by depression and paralysis. If paralysis extends to vital centers in the medulla, there may be respiratory or circulatory failure.



BENZPYRINIUM BROMIDE N.N.R. (Parasympathomimetic)

PRODUCT NAMES: Stigmonene Bromide

PHARMACOLOGY: Benzpyrinium bromide, a cholinergic stimulant with a prolonged selective effect upon the smooth muscles of the gastro-intestinal tract and urinary bladder, has actions, effects, and uses similar to those of neostigmine and physostigmine. It is employed for the prevention and treatment of intestinal and bladder atony and postoperative abdominal distention and urinary retention, and in the treatment of simple delayed menstruation or the diagnosis of early pregnancy.

DOSAGE: When used for postoperative urinary retention, 2 mg. of benzpyrinium bromide are administered intramuscularly and heat is applied to the lower abdomen. This dose is repeated every two to three hours until satisfactory micturition occurs or catheterization becomes necessary. In the latter instance, therapy is continued until the patient voids spontaneously. When used for postoperative abdominal distention, 2 mg. are administered intramuscularly and followed with a small low enema twenty to thirty minutes after injection. This dose is repeated every two to three hours until distention subsides. When used for treatment of simple delayed menstruation, 2 mg. are administered intramuscularly once daily for three successive days.

UNTOWARD ACTIONS: Although benzpyrinium bromide causes relatively few side effects, it is used with caution in the presence of asthma, and is definitely contra-indicated if there is mechanical urinary or intestinal obstruction. Should overdosage occur, the parasympatholytic agent, atropine sulfate, may be given intramuscularly in doses ranging from gr. 1/150 to gr. 1/100. This dosage of atropine may be repeated until the antidotal effects become established.

PHENYLEPHRINE HYDROCHLORIDE U.S.P. (Sympathomimetic)

PRODUCT NAMES: Neo-Synephrine Hydrochloride; Isophrin Hydrochloride

PHARMACOLOGY: Phenylephrine hydrochloride differs only slightly in chemical structure from epinephrine. Upon local application of jellies and solutions, the drug causes constriction of the tiny blood vessels in the nasal mucous membrane; therefore, it is particularly useful in the treatment of the nasal congestion associated with colds, hay fever, and sinusitis. Phenylephrine hydrochloride may also be injected in combination with solutions of local anesthetics as a means of slowing the systemic absorption and prolonging the effect of the anesthetic. Because of its ability to elevate blood pressure, it has been used in acute hypotensive conditions arising from the collapse of the peripheral circulation and is therefore often used in prolonged spinal anesthesia. Since the drug will also dilate the pupil of the eye, it is of value in ophthalmology.

DOSAGE: Phenylephrine hydrochloride may be applied topically, and given orally, subcutaneously, intramuscularly, and intravenously. Parenteral dosages of the drug may range from 1 to 10 mg., and the average oral dose is approximately fifty times greater than the average subcutaneous dose. The oral route is frequently employed in the treatment of orthostatic hypotension and allergic conditions. An initial dose of 150 mg. daily, gradually reduced to 60 mg., has been used in the management of orthostatic hypotension, and 30 to 75 mg. daily in divided doses have been ordered in allergic disorders. The drug should be stored in tightly stoppered bottles and all unclear solutions should be discarded.

UNTOWARD ACTIONS: To avoid gastro-intestinal irritation, it is best to give oral doses of phenylephrine following meals. Although the drug is relatively non-toxic, ventricular extrasystoles, paroxysmal ventricular tachycardia, tingling of the extremities, and a feeling of fullness in the head may result from overdosage.

■ SINCE THERE are still twenty-four hours in every day, and since modern practice permits a nurse to work only eight or at most twelve of those twenty-four, the system of nursing by shifts is here to stay, however unfortunate. If the three-shift routine could be abolished, one of the big areas of friction in nursing would also disappear. I refer, of course, to the unfriendliness and hostility that nurses of one shift so frequently display toward those working a different shift. How often has one night nurse complained to another, "I'm getting sick and tired of cleaning up after the evening people when they go off duty." Or a day nurse will say, "It seems to me that the night nurse should make it her business to check the dressing carriage so that I don't have to dash out for more adhesive in the middle of rounds."

Remarks of this sort stem from the fact that the sum total of nursing service is done by three different groups of nurses, instead of being carried on by a single group which is responsible for the work in its entirety. I believe that the remedy lies in overcoming the feeling, so prevalent among staff members, that they are three distinct units rather than parts of a working whole.

It is true that many large factories maintain twenty-four hour coverage without seeming to experience these clashes, but the situations are not really analogous. In factories, for the most part, each shift does the same

work as the other shifts, and each has the same problems and challenges to meet. A hospital is different. Here each shift has problems and duties peculiar only to itself which serve to intensify its feeling of uniqueness.

Perhaps this difficulty is greatest when there are permanent evening or night nurses, although it is present in lesser degree even with rotating shifts. I've consistently worked evenings for over three years, and I have found that a certain narrow-minded and over-exaggerated sense of loyalty and identification goes hand-in-hand with working any one shift all of the time. Verbalized or not, it *does* exist and is almost impossible to shake off.

It's understandable that by working one stated time day in and day out, a nurse begins to lose contact with the activities done during the



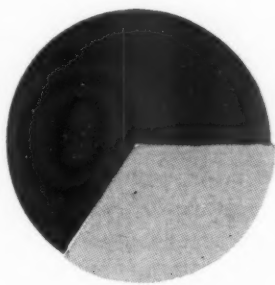
THE SHIFT



R - I - F - T

among hospital nurses

by Gladys Strohmann



sixteen hours when she is not around. She may have certain reasons for working a particular shift; perhaps the hours are more convenient for going to school or caring for a family, perhaps she is attracted by the extra salary bonus offered in some hospitals, or perhaps she simply enjoys doing the type of nursing called for during those hours. Whatever her reason, she inevitably feels that her shift is the most important one and the relative significance of the other two diminishes.

Then, too, a certain sense of rapport develops among nurses who work the same hours even though they work different services. A close-knit relationship results which encompasses everyone from the sub-

sidiary help up to and including the supervisory staff. I don't mean to imply that this *camaraderie* is entirely unwise or that it is to be frowned upon. On the contrary, it enables a hospital to function smoothly during the three eight-hour periods of the day. When carried to extremes, however, as it frequently is, it can only add to the existing tenseness between nursing groups.

It becomes apparent that adjustments must be made within the nurse herself. The charge nurse of a service unconsciously sets the mood adopted by the rest of the staff. The same rule holds true for a supervisor or department head. Consequently, it is the responsibility of these people to become more tolerant, more understanding, and more cooperative in regard to nurses on other shifts.

This apparently idealistic method of attacking the problem has been interpreted in a most realistic manner by several nurses with whom I have worked, and the results have proved

its basic practicality in application.

If minor misunderstandings and feelings of resentment are not brought out into the open and discussed calmly and objectively, they invariably snowball into major issues which are difficult to settle amicably. A person who is tired, worried, or overworked does not always react in a logical manner to the small irritations which are an integral part of any job. Certainly, in nursing, as in any other situation, the element of human fallibility must be considered.

As a means of bringing adverse reactions to the light, some head nurses have successfully used the group conference or organized gripe session. These groups function in an informal and permissive atmosphere, and slights, real or imagined, can be aired and righted, personality conflicts smoothed over, and compromises reached. When one person or group felt that a certain shift was carrying too large a proportion of the work load, time studies and job analyses helped to determine whether the feeling was based on too narrow a viewpoint or on actual fact, and necessary adjustments were made accordingly.

It goes without saying that the burden of the responsibility falls mainly on the head nurse. She must mediate at these sessions and must demonstrate a receptive frame of mind toward all comments. She must divorce herself emotionally from her own place as a member of one shift, subject to all the influences outlined above, and fully accept the principle that each shift is of equal importance

to the service as a whole. It takes a well-adjusted and mature woman to accomplish this task. However, the mere willingness on the part of the head nurse to initiate these conference sessions demonstrates to her staff that she is sincerely anxious to find a solution to these troublesome problems without resorting to arbitrary means.

Then, too, there are head nurses who sometimes work on each of the other shifts themselves in order to gain a first-hand knowledge of the situations which arise. They find this an excellent way to become acquainted with those members of the auxiliary and supervisory staff whom they would otherwise see for only a comparatively short period of time, if at all.

Let it not be forgotten, however, that this task of reconciliation is not for the head nurse alone. Every nurse has a part to play in eradicating the immature and unhappy state of mind that threatens the profession. It can only be done by recognizing our individual problems and maladjustments for what they are, by making the allowances for others that we expect them to make for us, and by cultivating within ourselves a more mature view of nursing and of human relationships. It requires emotional acceptance and not just lip service; it requires patience, it requires consideration, and it requires persistence. Yet this goal is attainable and it is one that must be achieved by each of us if we are to honestly term ourselves "members of an honorable profession."

CANDID COMMENTS:

Our Need for Superior Nurses

■ WHEN AN INDIVIDUAL meets personal tragedy or a nation or profession undergoes radical changes that produce fears and stress, then the quality of human character faces a critical test. We have seen some people succumb to their griefs and perplexities. They have no resistance, knowing only that things are different today from what they were yesterday. It is these people who become apostles of despair. We have seen others who simply mark time in periods of uneasy fears; they don't care enough about their particular worlds to worry about what is lost of yesterday's treasure nor what may happen tomorrow. Their main idea is to get by today.

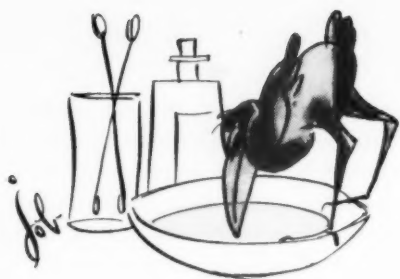


Janet M. Geister, R.N.

But happily we know there is in every group, in every nation, in every profession, a wide span of people who refuse to let events dominate and crush them. They develop the ability to understand and to gain the wisdom that turns these events from personal, national, and professional disasters to beneficial changes. It is these people who, since civilization began, have kept it moving *forward* in true progress. The whole effort in our world today is to increase their number—for the peace and progress of mankind depend upon their dominance.

And so it is in nursing as the radical changes in our professional way of life test the character of our people. We too have individuals who have been shaped by the dominance of the material—or who have been thrown into a bitter despair through their loss of faith. "If no one else cares about these patients why should I?" asked an embittered young nurse. We also have those who care little about what happens to the profession—and sometimes to their patients—so long as *they* are getting by. In both these groups is a sector of individuals whose inertias and despairs color their standards of practice—and thus their patients pay the ultimate price in indifferent or heedless care.

Happily, we too have our broad layer of nurses who care greatly and who are struggling today to rise above the turmoil, to hold to their faith, and to do the work that justifies this faith. Our professional peace and progress depend upon the dominance of this layer of nurses—which is variegated. It reaches from the big name to the unknown nurse who has no idea of the bigness of her spirit. No one who goes out among nurses can doubt that many, *many* more nurses care about their patients and profession than do not care. No one who knows of the thousands of nurses who work on committees and boards of di-

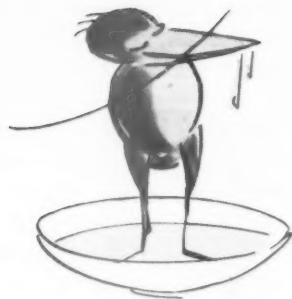


"Zeke & Dessie"

rectors, often at considerable loss of income and vacation time, can doubt that nursing's forces for good are being mobilized more widely and fully than ever before in our history.

But caring, blessed as it is—isn't enough. Rising above today's changes to learn how to control their effects on nursing calls for examination and re-adjustment of many of our old concepts and practices. Instead of criticizing the attitudes of others we must examine and improve our own. We are working for recognition of nursing as a profession. It isn't the *label* that is important, but that we have within us the abiding qualities that truly mark a profession. The real greatness of nursing lies not in its skills, but in the understandings and attitudes we use in applying these skills. These go beyond the care of the patient into all of our relationships with fellow nurses and fellow workers. It isn't how *big* is our act, but how *true* it is to the spirit of nursing.

We have to realize first that it is the sum total of what we do and



think *as individuals* that makes up the profession's gains and losses. We have to realize that new bigness in events calls for new bigness in the people who would control these events. We have to learn how to change from the *fixed* ideas of the past to the more fluid thinking the present demands. We have to examine, and alter if necessary, our concepts of loyalty, of our relationships with others. We have to realize with a new acuteness that everything we do in our daily contacts with patients, public, and workers in our own and in other fields, is interpreted not as the act of an individual but as one that represents a profession.

At the base of every great movement is the individual. Every great nation, every useful group, is but the reflection of the ideals and practices of the majority of its people. Our country shares its food and goods with less fortunate people because the average individual American wants it so. The individual has powers and potentialities far beyond anything he actually realizes. "In all



my lectures," says Emerson, "I have taught one doctrine, namely, the infinitude of private man." I, too, believe profoundly in the "infinitude of private man," whether he be a fellow citizen or a fellow nurse. I believe greatly that we have within the ranks of nursing a great well of power, which, if but freed and intelligently directed, can carry us through our present crises to greater heights of service and satisfactions than we have ever known.

We are so wrong if we think that as individuals we are helpless—that we can do nothing to turn the tide, that we must wait until working conditions are better, and the pay check larger. Compassion and conscience aren't born of material things. Thinking takes effort that only we alone can generate within ourselves. It takes no more energy or time to keep in mind the needs of scared people in pain or danger than to dwell on the injustices we suffer.

Niagara Falls didn't just happen. Thousands of trickles of water made small creeks, larger creeks made

small rivers, and finally the mighty Niagara. There isn't a day in the life of a nurse without its opportunities to help the profession and thus help all those who need the profession. The closer we are to patients, their people, the doctors, and our other allies, the greater is our opportunity to demonstrate and interpret the ideals, purposes, and problems of nurses. Who of us doesn't know of many patients and their families who honor and respect nursing because a single nurse was compassionate and conscientious as well as skilled and knowing?

"If I had a million dollars," said a repairman at our house, "I'd give half of it to your profession. But if I can ever help with what I have, you just call on me." All because a nurse did only her duty one night when she didn't "like" the way the man "looked," even though his chart was most reassuring. Instead of dozing in her chair she sat quietly, alert to his every shade of change in color and pulse. When he suddenly started into shock some four hours later, she

was ready—and the man lived to tell his story far and wide of *good* nursing care. This nurse could have succumbed to the laxness some of her co-workers are guilty of; instead, as she said later, “I work harder than ever these days to show young nurses some of the things that go into good nursing.” She was helping in *her* way to add to the sum total of nursing’s help to mankind.

Multiply this story by thousands, as I believe it can be in the endless variations of *good* care. Then multiply the stories by hundreds of days—and we have a veritable Niagara of public good will to offset the more infrequent but widely heralded accounts of miserable care. The beloved Dr. Schweitzer, whose work in African villages has won the respect of the whole world, feels an immense responsibility toward all mankind because he is “*permitted* to relieve suffering and to give comfort.” We reveal our characters in our attitudes toward our responsibilities—and the man or woman in nursing who can be callous before even the slightest patient need just isn’t worthy of the beautiful title “nurse.”

The qualities of character and intelligence that go into good nursing

are needed in every phase of our activities and relationships. We are at the juncture of new responsibilities and old habits. In the “cold war” between nations the struggle to capture men’s minds is the bitterest in all history. In nursing we have our own “cold war,” as the customs of the past conflict with the needs of today. The custom of the past was to mold our minds and spirits to a pattern—our personalities must be submerged, our needs and wants as persons reduced to a minimum. The needs of today demand well-rounded, thinking personalities whose ideas and questionings must rank with their skill and knowledge, and who live as persons. No longer can blind, unquestioning obedience be the mark of a *good* nurse. Some of the people, trustees, doctors, administrators, who have enjoyed the power such a system gave them over others reluctantly make way for the new philosophy. But I verily believe they are giving way more readily than we ourselves are. Some nurses like the old pattern. It absolves them from thinking, from forming their own decisions—and it furnishes them an excuse to cry unto Heaven over the injustices they suffer. The su- [Continued on page 80]

2 things I cannot joke about,
things make me unrelax;
things depress me horribly—
THE DENTIST
and my

INCOME TAX.

by Frances Gibson, R.N.

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Checklist for Taxes



■ HERE ARE A FEW tax pointers which may be of interest. We suggest you see your local tax advisor, a lawyer, or a certified public accountant for detailed assistance in filling out your tax form if it's at all complicated.

► The cost of convention trips may be deducted, but the method depends upon whether you are self-employed or an employee-nurse. Self-employed nurses can deduct all convention costs and other business expenses in figuring their adjusted gross income and still list their other deductions (medical expenses, charitable contributions, interest payments, etc.) separately or use the tax table on page 4 of Form 1040 to take the standard deduction.

Employee-nurses may generally deduct from income to find adjusted gross income *only* traveling expenses while "away from home," and must be able to prove such expenses "reasonably related to their job." Any remaining business expenses, such as the cost of uniforms, may be deducted only if they fill out Long Form 1040, which means they itemize such deductions.

► A person who can qualify as a "single head of a household" gets a tax break for 1953. A single head—and this can include a married individual if widowed or legally divorced or separated—who maintains a home for herself and at least one other person who meets specified requirements can use the head of a household column in the tax table on page 4 of Form 1040 to find her tax. Head of household cannot be claimed if you use Form 1040A.

► Self-employed nurses who earn \$400 or more a year must also pay a social security tax computed on a separate schedule—Schedule C-a. Since it is hoped to use these returns as a source of information regarding the economic status of the private duty nurse, the ANA asks that R.N.'s designate themselves as "registered professional nurses" in the appropriate space.

The tax picture will be brighter in 1954 if the following become law:

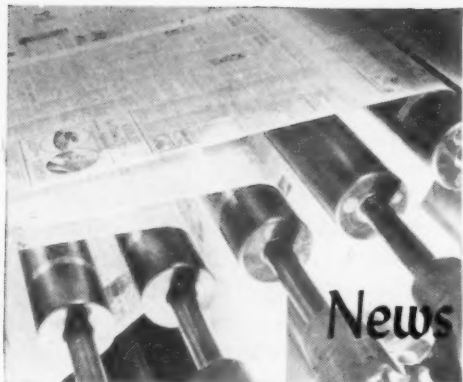
► A proposal has been made to lower the 5 per cent disallowance on adjusted gross income for medical and dental expenses and raise the present maximum allowances.

► The right to deduct payments to retirement plans made by self-employed persons and employed persons contributing to qualified retirement plans.

► A provision to allow "single heads of households" to deduct up to \$600 of the cost of expenses incurred for the care of dependent children under 10, when such care is necessary if the parent is to hold a job.

► A provision to permit an exemption for dependent children even if they earned in excess of \$600 a year. However, the working children will still have to pay their own taxes.

► A deduction for professional education expenses.



News in Review

► **AN OPPORTUNITY TO EARN DEGREES** has been offered to newly commissioned Army nurses. As many as 250 selected applicants have been given the opportunity to earn either a bachelor's or a master's degree in any of the nursing fields providing they can complete their studies within a year. Commissioned as second lieutenants in the Army Nurse Corps Reserve, they will receive full pay and allowances commensurate with their rank. In exchange, the nurses must serve three years in the ANC; this includes the time spent in earning their degree. For further information, write The Surgeon General, Department of the Army, Washington 25, D.C. . . . In order to attract more graduate nurses, waivers of the maximum age limit for appointment in the ANC with concurrent active duty have been increased to 38 years for second lieutenants and 40 years for first lieutenants. A number of changes have also been made which eliminate "red tape" in the commissioning process. Future changes foreseen by procurement officers have to do with the length of the overseas tour of duty and a broadening of the housing privileges accorded ANC officers at Army posts in the U.S.



► **IN HIS HEALTH MESSAGE TO CONGRESS**, President Eisenhower asked for \$25,000,000 to establish a system of government reinsurance of private and nonprofit health insurance organizations to help take care of expenses beyond those now covered. Rejecting "Government regimentation of medicine," the President also called for (1) a stepped-up program for the construction of medical care facilities with special emphasis on hospitals for the chronically ill, nonprofit clinics, nursing and convalescent homes; (2) more emphasis on rehabilitation of the disabled; (3) strengthening of USPHS research activities; and (4) a simplified formula for grants-in-aid to states for health, child welfare, and other programs.

Although the President did not spell out exactly what he meant by reinsurance, it has been suggested that he had in mind something resembling the system whereby the government insures bank depositors against loss. For a fee, the government would insure voluntary nonprofit health insurance agencies against major losses. This would mean that these agencies could then cover catastrophic illnesses without risking their reserves. Chairman Charles A. Wolverton (R.-N.J.)

of the House Commerce Committee has already submitted a bill (H.R. 6949) outlining such a plan. A proviso of the bill would require the graduation of fees by health insurance organizations so that the fees would be within the reach of low-income groups.



► **MEETINGS SCHEDULED FOR THE COMING MONTHS** include a panel discussion on April 6 at 7:30 P.M. on "What Can Management, Safety Departments, and Medical Personnel Do to Control Personal Causes of Accidents?" sponsored by the Greater New York Safety Council and the New York Industrial Nurses Club. The discussion will be held in the Ballroom of the Hotel Statler in New York City . . . In conjunction with the ANA Convention in Chicago, the National Nurses Christian Fellowship will hold a dinner meeting the evening of April 28. Tickets may be obtained from the NCF booth sponsored by the organization during the week of the convention, or from the National Nurses Christian Fellowship, 1444 North Astor Street, Chicago 10, Ill. Nurses are also invited to register for the NCF week-end conference to be held April 30-May 2 at Elburn, Ill.... May 15-16 are the dates set aside for the Seventh Annual Meeting of the Conference of Catholic Schools of Nursing. To be held in Atlantic City, N. J., the meeting will precede the 39th Convention of the Catholic Hospital Association, May 17-20.



► **NEWSLINGS:** As of January 1 of this year, Negro nurses became eligible for membership in the South Carolina State Nurses Association. Of the 53 state and territorial associations of the ANA only Georgia continues to exclude Negro nurses from membership . . . The National Committee for the Improvement of Nursing Services has been dissolved. Its functions will be carried out by the NLN and its state and local leagues . . . Minimum salaries for nurses working in state institutions in Missouri have been increased from \$216 to \$238 a month with increases ranging upward to a possible \$545 a month as compared with the present \$470 maximum.

About People

► A nurse member of the staff of Dr. Albert Schweitzer, **EMMA HAUSSKNECHT** has spent twenty-eight years in Africa and is now touring the United States as a special representative of Dr. Schweitzer, who was recently awarded the Nobel Peace Prize . . . **ELEANOR HALL** has been appointed Assistant Dean of the Yale School of Nursing, a newly created post . . . The new assistant to the executive director of the American Association of Nurse Anesthetists is **JOSEPHINE HANDY** of Roslindale, Mass. . . . A Chicago nurse, **LT. (JG) AUDREY DEVANEY** has been cited for giving first aid to over fifteen persons injured when a panicked crowd tried to push its way across the Imperial Palace Bridge in Tokyo . . . **HELEN B. SNOW** has been appointed as executive director of the Newark Visiting Nurse Association, Newark, N.J.



"LIVING OUT" helps recruitment

by Regina Fischer

■ IT'S NO NEWS that schools of nursing all over these United States are desperately seeking more students—and not finding them. Then how is it that Prospect Heights Hospital in Brooklyn, N.Y., has been steadily increasing the size of almost every new class? Moreover, it has no difficulty attracting college as well as high school students, and its graduates fare equally with those of other schools in performance on State Board exams and in obtaining nursing positions.

The secret of this hospital's recruitment success is that Prospect Heights Hospital allows its student nurses to "live out." True, not all students live out, or even the majority, but the hospital's permissive attitude toward this practice is a significant step away from the traditional pattern—a step which very few hospital schools have thus far even considered.

Why must the student nurse "live

in" and be kept under strict surveillance and control when the medical student, physical or occupational therapist, social worker, technician, or any of the other numerous professional and subprofessional personnel in today's hospital have no such restrictions imposed during their preparation? Why do so many nursing schools cling to the concepts implied in the terms "living-in," "curfew," "unmarried," and "discipline"?

Perhaps the answer lies buried in the ancient traditions surrounding nursing. After all, it is only recently that our profession has freed itself from the 12-hour day, long after the 8-hour day was accepted everywhere else. And only recently have graduate nurses won the right to live out. These steps, so reluctantly taken by many nursing and hospital administrators, have, in fact, contributed to nursing's advancement as a profession. Now the 12-hour day is an un-

lamented thing of the past for all students, and Prospect Heights Hospital has found that abandoning the rigid "living-in" requirements for students has paid off just as surely.

When Florence Nightingale first introduced the idea of a nurses' residence as an integral part of her school of nursing, it was of great benefit to the students, providing them with clean and decent surroundings during their off-duty time, away from the influence of the Sairey Gamps infesting the hospitals of those days. Today, required living-in has a triple disadvantage. It restricts the student body size to the number that the residence can accommodate; it perpetuates the increasingly expensive and essentially alien role of landlord to the detriment of the school's most important activity—teaching; and finally, it tends to repel the more mature, independent, and high-spirited young girls and women who are the very ones nursing should try to attract.

Nursing can advance to full professional status only if nurses are people who think for themselves, if they look for reasons behind procedures and orders, and if they are not satisfied with unquestioning obedience as the way of nursing. Too rigidly controlled students may wind up as docile, unthinking nurse technicians; or they may be determined to "get away" with whatever they can after having been forced into outward compliance for three years. True professional education

implies giving student nurses every opportunity to learn and practice self-discipline. This means offering help when needed, but encouraging students to exercise the maximum amount of self-reliance, to plan their own work and play off-duty, and to lead and control their own lives as far as possible.

The intelligent, mature young woman cannot fail to discover that she can learn almost any profession, including the practice of medicine, at a university and be granted full freedom and adult treatment while a student. Nursing must meet this competition. It must abandon the anachronism of enforced living-in with its attendant outmoded body of rules, regulations, and quasi-military attitudes. Only then can it successfully compete with the many non-nursing careers which are open to women today.

Following the principle of allowing students to live out, Prospect Heights Hospital has found it practical to admit and successfully graduate a number of nurses whom other schools would not even consider. Some of these students had children—one recent honors graduate was the mother of four boys when she began her three-year course. Others, like Florence Nightingale's original recruits, had passed that fatal 35th birthday. A few rash ones were guilty of both of these offenses, but all still dared to dream of becoming nurses and were not denied that opportunity.



Shades of Jehoshaphat!





■ "AND WHEN THEY had opened their treasures, they presented unto Him gifts; gold, and frankincense, and myrrh."

The prominent inclusion of aromatic resins among the gifts of the Three Wise Men on the first Christmas indicates the value that was placed, even in ancient times, on substances with a pleasing fragrance. No doubt the need for such substances in the hot, dry lands of the Bible, where water was scarce and soap unknown, must have been acute. Yet, efforts to prevent or overcome offensive odors are not limited to ancient times and peoples. Indeed, no people in history appear to have been more concerned with the elimination of unpleasant odors than the

can hospital

be banished?

present-day inhabitants of these United States.

The amount of money that Americans spend on deodorants, perfumes, and soaps of all sorts is well nigh incalculable but must certainly add up to hundreds of millions of dollars annually. While our fetish for smelling sweetly has sometimes been the butt of more or less well deserved satire, there is little doubt that the control of obnoxious odors often results in increased comfort and health for the community.

Although science has disproved the traditional belief that strong smells are in themselves a cause of disease, there is, none the less, a real basis for relating odors to illness. For one thing, the stench emanating from open sewers and stagnant streams advertises the presence of the kind of poor sanitation that almost inevitably goes hand in hand with high rates of such diseases as typhoid fever, dysentery, and malaria. Destroying the sources of such



by Morton J. Rodman, Ph.D.

odors often leads to a decline in communicable illnesses in the area.

Actually, however, foul odors have effects more subtle on the health and well being of those whose nostrils they assail. The sense of smell, as all the perfume ads hint, provides a short road into the subconscious, down which odors can travel to call forth powerful emotional responses. Thus, prolonged exposure to malodorous conditions may evoke associations that result in loss of appetite, sleep, and temper for the unhappy victims of the polluted atmosphere.

The modern hospital is vitally concerned with this relationship of odors to peace of mind, for the hospital patient is especially sensitive to the effects of unpleasant odors. The characteristic "hospital smell" which many patients associate with illness, pain, and death is actually a composite of hundreds of separate smells, some common to homes, hotels, and places of business everywhere. In addition, the hospital air

carries odors stemming from the dispensary, pathology laboratory, and operating, autopsy, and utility rooms. These include the varied, and mostly distasteful odors of drugs and medicines, gaseous anesthetics, urine, blood, and fecal specimens, and utensils such as bedpans, urinals, and drainage pans. The very products used by some hospitals for deodorization and cleanliness—disinfectants and preservatives of the phenol, cresol, iodoform, and formaldehyde type—often make up an integral part of the unsavory bouquet that patients find so annoying.

It is not surprising, then, that frustration and loss of appetite may retard the recovery of patients helpless to escape the many pronged assault on their nasal passages. But annoyance with hospital odors is not limited to patients. Members of the staff, including nurses, are not entirely immune to the effects that sickening smells have on their olfactory sensibilities. Undoubtedly, many a student nurse has been lost to the nursing profession because she



couldn't cope with an aversion to distressing hospital odors. Even case-hardened graduate nurses often find themselves repelled by disagreeable smells, especially when confronted with the pathological fetor that accompanies certain conditions.

Patients with putrefying, suppurative lesions of the bone, skin, and soft tissues, for example, create a trying odor problem for nurses and other hospital personnel. The nurse may find it necessary to call up all her reserves of courage, tact, and poise in dealing with the difficult social and psychic situations presented by cancers, colostomies, and abscesses of the mouth and throat. Since the patient is often acutely aware of the odor emitted by his lesions and is painfully embarrassed by it, the problem of maintaining his morale is often as demanding as the attempts to care for his physical needs.

That hospitals recognize the seriousness of the odor menace and the need for positive action against it is indicated by the results of a recent survey conducted by the Rutgers University College of Pharmacy.

Most hospital administrators queried in this study expressed concern with the problem and interest in possible remedies. Except for a few rugged individualists who maintained that the answer lay in the vigorous application of soap and water and the circulation of fresh air, all were using deodorants of one sort or another to overcome odors. Sad experience had taught them that cleanliness and proper ventilation alone, while

of primary importance, could not be relied upon to check all of the varied and unusual odors encountered in hospitals. As a matter of fact, some of the larger institutions asserted that the numerous fronts on which their war against odors was being fought have required the simultaneous use of several of the current deodorizing procedures.

Though the number of deodorants employed by the New Jersey institutions was large and varied, one substance—chlorophyll—topped all others in popularity. Commercial products containing chlorophyll, alone or in combination with from one to over 125 other substances, got both the widest use and the highest praise from hospital administrators. Despite the strong skepticism voiced by some scientists concerning the deodorability of chlorophyll, the hospitals that used chlorophyll derivatives for various deodorizing purposes were, in general, quite satisfied with their effectiveness.

The current status of chlorophyll is confused on the one hand by extravagant and unsubstantiated claims, and on the other by such harsh words as "hoax," "fraud," and "racket," applied to these claims. Actually, the truth probably lies midway between these extreme views. While the fire drawn by over-enthusiastic promotion of various products may be well deserved, the deodorizing action of chlorophyll is, none the less, well documented. Even the cautious Council on Chemistry and Pharmacy of the American Medical Association found one chlorophyll compound to

be consistently effective in certain conditions.

Though most statements on the subject serve only to add fuel to the heated chlorophyll controversy, it seems safe to say that good grades of chlorophyllins are effective deodorants when brought into direct contact with the sources of odors in high enough concentrations.

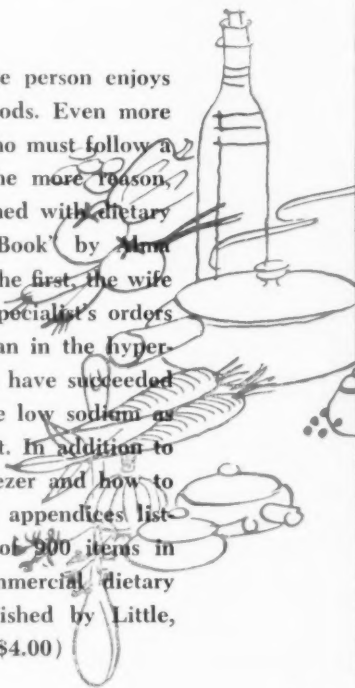
The manner in which chlorophyll exerts its deodorizing properties is not definitely known. Some, relating its action to the way in which green plants liberate oxygen during photosynthesis, think that the effect is the result of an oxidative mechanism that causes the chemical breakdown of odorous substances. Others, including Drs. Granick and Corwin of Rockefeller Institute and Johns Hop-

kins University, argue that the action is due not to the green pigment itself but to certain odoriferous oils extracted along with it. They claim that any deodorizing that occurs is due to the masking of the odors by these oils rather than to destruction of the odors by chlorophyll.

Chlorophyll, if it works in this way, may be classed, not as a "modern miracle," but with the oldest and simplest group of deodorants, the odor-masking agents. For odor masking, the process of eliminating an odor by simply superimposing another more pleasant one on it, is one of the most ancient ways of obliterating bad odors. Incense burning, for example, still part of certain religious ceremonies, is derived from early attempts to [Continued on page 71]

LOW SODIUM DIETERS

It's difficult to make dieting easy, for the average person enjoys eating and resents being deprived of his favorite foods. Even more nerve-racking is the task of cooking for the dieter who must follow a regime as restricted as the low sodium diet. All the more reason, then, why dietitians, nurses, and housewives concerned with dietary problems will welcome "The Low Sodium Cook Book" by ~~Mama~~ ^{Mama} Smith Payne and Dorothy Callahan. These authors, the first, the wife of a husband with "a gourmet's taste and a heart specialist's orders not to indulge it," and the latter, a research dietitian in the hypertension clinic of the Massachusetts General Hospital, have succeeded in writing an unusually readable recipe book on the low sodium as well as the low sodium, low fat, low cholesterol diet. In addition to recipes and such advice as how to use a home freezer and how to pack a low sodium lunchbox, there are tables and appendices listing the sodium, cholesterol, and the fat contents of 900 items in household measurements, and information on commercial dietary products. "The Low Sodium Cook Book" is published by Little, Brown and Company, Boston, Mass., 1953. (Price: \$4.00)



THUMBNAIL THESAURUS VI

BLUEPRINT: (from architecture) A design or detailed plan-on-paper for new construction.

NURSING. "The recorded nursing care plan serves as a blueprint for nursing action aimed at meeting the individual needs of patients. It does not replace the patient's clinical chart. The chart is a record of what has been done . . . The nursing care plan is a record of what is to be done." (*Amelia Leino, R.N., "Planning Patient-Centered Care," "AJN," March, 1952, p. 325*)

FLOOR MANAGER: (from industry) This is a familiar term in retailing, but a new one in nursing. The floor manager is one who handles and controls the activities of a specified area.

NURSING. "Floor managers, who are not nurses, will eventually be assigned to all patient divisions, clinics, and operating rooms . . . Under this plan, nurses are responsible for nursing care only; the floor manager is responsible for all other services and for the general operation of the unit." (*"Non-Nurse Managers for Hospital Divisions," "AJN," March, 1952, p. 323*)

MANAGEMENT ENGINEERING: (from industry) Engineering means "the art or science or practical application of the knowledge of pure sciences such as

physics, chemistry, biology, etc." Management means "handling, direction or control." (*American Dollar Dictionary*)

Therefore, management engineering means the planning and direction of activities in industry on the same principles as are used by the engineer.

NURSING. "At first management engineering was applied only in business and industry . . . Certain principles and techniques which have helped industries to operate more efficiently and satisfactorily can be adapted quite readily by such groups as the nursing profession for use in their own fields. . . The management engineer is concerned primarily with eliminating waste." (*Lillian Gilbreth, "Management Engineering and Nursing," "AJN," Dec., 1950, p. 780*)

PILOT STUDY: (from industry via the waterfront) A pilot is generally thought of as "one duly qualified to steer ships into or out of a harbor or through certain difficult waters; a guide or leader." (*American Dollar Dictionary*)

A pilot plant is a "small factory in which processes planned for full-scale operation are tested in advance to eliminate problems, etc." (*American Dollar Dictionary*)

We have adopted the word "pilot" from its use in industry

THUMBNAIL THESAURUS VI

to mean any study or work done for purposes of experimentation and guidance, in advance of general adaptation.

NURSING. "The pilot study of the head nurse's job was made to provide a basis for better organization of nursing service and for better distribution of functions and activities of the head nurse." (Ruth I. Gillan, R.N. & Helen G. Tibbitts, "*Whose Job is the Head Nurse Doing?*" *AJN*, March, 1952, p. 299)

TECHNICAL, TECHNICIAN: (from the laboratory) In the health world, we usually think of "technical" as pertaining to the applied sciences and as belonging primarily to the laboratory. However, it also means "skilled in a particular art, trade, etc." A technician is "one versed in the technicalities of a subject." (*American Dollar Dictionary*)

NURSING. "We recognize that our professional responsibility goes considerably beyond technical competence in giving nursing care, or even in planning, directing and administering it in a given institution or locality. It indicates social responsibility, which is an earmark of a profession." (*National Committee for the Improvement of Nursing Services, "Regional Planning," "AJN," Feb., 1952, p. 206*)

"A new worker in nursing is proposed—one who would have

predominately semiprofessional or technical functions and, therefore, semiprofessional or technical training. The name 'Nursing Technician' is suggested as the name for the new worker. This name is in keeping with the meaning of the word technician and with present practice in other professions." (Mildred L. Montag, "*The Education of Nursing Technicians.*" p. 135)

WORKSHOP: (from the carpenter) "Laboratory; hive of industry; melting pot; crucible" are some of the synonyms given in Roget's "Thesaurus" for this word which we have borrowed from the carpenter to indicate a special type of problem solving or learning process, now growing in popularity in the nursing world.

NURSING. "The workshop method permits those who take part to seek help in solving problems that they have encountered in their own work... The essence of the workshop, as conceived in this program, was the philosophy of self-direction. Once the purpose and resources were made known and the stage was set, it was the responsibility of the workshop members to carry the program forward..." (Verna White & Agnes W. Chagas, R.N., "*A Workshop Experiment in Latin America.*" *AJN*, June, 1951, p. 374)

Vaseline

TRADE-MARK

Sterile Petrolatum Gauze Dressings

no fuss

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*always sterile,
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Outstandingly successful for burns and abrasions, these sterile-packed, ready-made dressings have countless other uses in surgery. Particularly indicated for:

- WOUND COVERING**, as for traumatic injuries and after surgery... to protect from irritation and contamination, to avoid adherence.
- PACKING**, as in abscess cavity... to permit healing from the bottom, to meet aseptic precautions.
- PLUG**, as after hemorrhoidectomy... to help control bleeding without sticking and subsequent tearing.
- DRAIN**, as for septic wounds... to avoid maceration, pressure necrosis and erosion.

Available in three sizes:

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Obtain from your regular source of supply... insist on the ready-to-use, dependably sterile dressings in the foil-envelopes.

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Odors

[Continued from page 67]

overpower strong, pervasive smells with still stronger ones by the combustion of aromatic woods, gums, spices, seeds, and flowers.

The scents in most common use today for masking disagreeable odors include the oils of pine, cedar, eucalyptus, geranium, lavender, and saffras. While most people seem satisfied with the way these essences affect a large variety of unpleasant odors, it must be remembered that the selection of a masking agent is largely a matter of personal preference. An essence that seems pleasant to one person may rouse the active dislike of another, in whom it evokes unfavorable associations from past impressions.

Obviously, the ideal masking agent would be one that could counteract other odors without leaving any smell of its own. This phenomenon of odor cancellation, counteraction, or neutralization, by which two "antagonistic" odors remove all traces of one another, is sometimes of value to the perfumer. Working under carefully controlled conditions, he can often mix two obnoxious aromas in precisely the right proportions to abolish the smell of both. Such complete cancellation of odors is not often possible, however, under the much more difficult conditions encountered in hospitals where odors emanate from so many, varied sources.

In any case, masking agents act only to cover up or disguise other

odors by affecting the way in which the brain interprets what is smelled. They do not "destroy" odors by changing their chemical composition, nor do they lessen the ability to smell by deadening the sensibility of the olfactory tract. One substance that is believed to act by one or both of the latter mechanisms is the gas, ozone. According to its advocates, ozone, an active form of oxygen, is capable of really destroying odors by oxidizing or "burning up" the odor-bearing molecules. Others insist, however, that any deodorizing action that ozone possesses is due to a severe irritating action on the nasal mucous membranes, which results in desensitization of that scent organ.

The argument over ozone that has been raging for nearly half a century is most violent right now, with the recent introduction of a new ozone-producing device. This apparatus is a lamp that, according to its manufacturers, generates ultra violet rays of just the proper wave length to react with oxygen in the air and convert it to ozone. The pure ozone produced in low concentrations in this manner is said to oxidize the odors of rooms and laboratories in which it is installed in much the same way that ozone acts in nature to freshen the outdoor air. At the same time, a number of responsible agencies, including the National Bureau of Standards, have recently released reports condemning the use of ozone for deodorizing purposes. These reports state that ozone, even in very small concentrations, is dangerously irritating to the respira-



To help a young girl understand

Many young girls are puzzled about menstruation. And they may come to you for information. To help you with a touchy subject, the makers of Modess offer these *free* booklets.

"Sally and Mary and Kate Wondered" gives girls 9 to 12 a simple introduction to menstruation.

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tory tract, and that a diminished ability to smell results from such injury. The obvious conclusion to be drawn from these reports is that ozone, in concentrations within the limits of human tolerance, is ineffective as a deodorant, and that any apparent effect is due to a person's sense of smell having been put out of commission.

But the makers of the new electric ozonizer have an answer for such criticism. They claim that none of the harmful effects reported by the earlier investigators of ozone was actually caused by that gas. The ill effects, they argue, were the results of breathing impurities, such as oxides of nitrogen, produced as a by-product with old fashioned ozone-generating apparatus. The new lamp is said to be a self-limiting type of ozone generator that develops concentrations of ozone only within levels found in nature, and, therefore, well below the limit of toxicity for humans.

Though the question of whether the ozone-producing bulbs are both safe and effective has not been finally settled to everybody's satisfaction, a number of hospitals have already given the lamps a trial. Two or three of the electronic fixture units placed in such trouble spots as urinalysis laboratories and animal rooms are reported to have eliminated the strong residual odors from test specimens of urine and from animal bodies and excreta in these rooms.

Whether pure ozone is an irritant may still be debatable, but little



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Clearasil Medication EFFECTIVE FOR PIMPLES

(9 out of 10 cases cleared up or definitely improved)

SKIN-COLORED...hides pimples *while it works*

CLEARASIL is the new-type scientific medication developed *especially* for the treatment of pimples. Doctors and skin specialists have proved its effectiveness in controlled clinical tests. In these tests on 202 patients, 9 out of every 10 cases were cleared up or definitely improved while using CLEARASIL.*

And in day-by-day use thousands of nurses, too, have experienced and observed the amazing effectiveness of this new medication.

CLEARASIL combines sulphur and resorcinol in a revolutionary greaseless and quick-drying base that works to dry up pimples. *Antiseptic*, stops growth of bac-

teria that can cause and spread pimples. Skin-colored...hides pimples while it works...ends embarrassment. Pleasant to use. Won't stain clothing or other fabrics.

Each package contains an authoritative, helpful leaflet on general skin hygiene and living habits. You can recommend CLEARASIL with confidence. 59¢ and 98¢ at all druggists, with money-back guarantee of satisfaction.

For FREE PROFESSIONAL SAMPLE and copy of clinical report, write Eastco, Inc., Box 12RNH, White Plains, N. Y.

**Original clinical reports in our files*



doubt exists as to the irritating properties of certain other deodorants. The ability of chlorine, ammonia, turpentine, and formaldehyde to mask odors is quite secondary to their irritating and anesthetic effects on the olfactory apparatus. Formaldehyde, the most popular substance of the desensitizing type, is a constituent of most common commercial preparations, dispensed in wick bottles for household use. The chief disadvantages of these deodorants are, on the one hand, a lack of any immediate effect on odor perception, and, on the other, a prolonged delayed action that may sometimes interfere with the ability to smell anything at all for quite a while afterwards. Inasmuch as the ability to perceive an odor declines rapidly, due to the

known phenomenon of odor adaptation or "fatigue," the use of an agent that requires ten or fifteen minutes to anesthetize the receptors seems superfluous, especially when it may block out pleasant odors, too, including food flavors.

What with the controversial nature of some airborne deodorants and the more or less obvious disadvantages of others, a few hospitals still prefer to use cleansing and ventilation as their principal methods of odor control, especially in the light of recent improvements in materials and techniques. A new class of cleaning compounds, the quaternary ammonium detergents, prevents the growth of bacteria and fungi responsible for odorous decay.

The new detergents are at least as

TUMS



for the tummy

FAST—SAFE—HANDY

TUMS relieve annoying hyperacidity—soothe, settle, and sweeten your acid stomach quickly.

TUMS do not over-alkalize—do not cause acid rebound—they're non-systemic.

TUMS require no mixing or stirring—eat like candy—always have them handy.

TUMS are guaranteed to contain no baking soda.

TUMS are wonderful for relief of heartburn and gas during pregnancy.

Dear RN:

Send this coupon to Lewis-Howe Co., Dept. 4RN, St. Louis 2, Mo. for a professional sample of TUMS in a carrier. It will convince you.

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LEWIS-HOWE CO., DEPT. 4RN, ST. LOUIS 2, MISSOURI

Have You Adopted **THE SKIN CARE METHOD** that

WRITES OFF BED SORES AND BED CHAFE?



Positive Protection

by lubrication follows routine use of DERMASSAGE—
lotion type rub with germicidal hexachlorophene,
oxyquinoline and other therapeutic values.
DERMASSAGE enhances the benefits of massage and of
routine body rubs, reduces bed sores and bed chafe
to rare instances

TEMPORARY EASEMENT

with repeated drying out
of the skin result from
rapidly evaporating rubs,
which also make skin
susceptible to cracking and
soreness.

1000 CC. H₂O
1 CC. ALCOHOL

Due to the marked affinity
of alcohol for moisture, the
contents of the 1 cc.
pipette above, added to the
1000 cc. of water, will be
immediately dispersed
through it. **THUS** alcohol
tends to remove the natural
moisture of the skin when
applied to it.



MATERNAL MORTALITY? Steadily declining.
SEVERE SURGICAL SHOCK? Frequency greatly reduced.

BED SORES? Where DERMASSAGE therapeutic lotion rubs are
routine, *practically a closed chapter in medical and nursing history.*

Even the vexation of minor sheet burns is reduced to the vanishing
point in the overwhelming number of cases where DERMASSAGE
care has been adopted.

The reason for success of this method is as inescapable as most
other scientific truths, once established: skin chafing and bed sores
can be *prevented* in nearly every case by regular application of a
softening, emollient rub—especially one which also reduces risk of
infection . . . DERMASSAGE not only avoids the skin drying
effects of earlier rubs, but gives *positive protection* against chafing
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Have you adopted the skin care which
defeats bed sores before they develop?

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Check Please send me a copy of "On
Guard," authoritative thumbnail text
on Care of the Bed Patient's Skin—
commended by leading nursing and
hospital journals. **YOURS FOR THE
ASKING!**

Name _____

Street _____



Check Please send me one Plastic Squeeze
Bottle of DERMASSAGE for my per-
sonal use. I enclose 10c (coin or
postage) to cover the cost of mailing.

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Constipation Can Be A Problem

THE child who refuses to take medicine, the expectant mother who is repelled by unpleasant taste, the patient already burdened by ill-tasting medication—they can create a problem in the selection of a laxative.

Physicians in ever increasing number find the answer in Ex-Lax. It looks like chocolate and it tastes like chocolate. No medicinal taste whatever. And the gentle, unhurried action of the active ingredient of Ex-Lax, produces a stool "much like the normal."^{*} This makes it suitable for use at all ages, under practically all conditions, for the relief of occasional or temporary constipation, and for the more prolonged treatment of chronic constipation.

Ex-Lax may be used by day, without causing sudden, embarrassing urgency. If taken at bedtime—the best time for laxative medication—sleep is undisturbed. Ex-Lax is truly the laxative that is easy to take, easy to administer when palatability requires special consideration.

Have you received a trial supply of Ex-Lax and a copy of the nurse's pocket notebook? If not, we will be glad to send either or both.

Ex-Lax, Inc., Brooklyn 17, New York

^{*}H. Beckman: Pharmacology in Clinical Practice, W. B. Saunders Co., 1952; page 369.

effective as the hypochlorites, chloride of lime, and phenolic derivatives that have been used for generations to prevent putrefaction, and they have the further advantage of being themselves odorless and comparatively non-toxic. Likewise, compact, electric ventilating machines have been developed that can be moved from room to room as needed. These machines can be fitted with either a cylinder of activated charcoal for adsorbing odorous substances carried to it by the air stream, or with an electric fan arrangement for dispensing volatile air fresheners and odor counteractants. Unfortunately, the operating cost of such ventilating systems is too prohibitively high for many institutions, and even the use of detergents appears to be a bit too costly for some of the budget-pressed hospital administrators.

There is no doubt in the minds of most hospital personnel that the odor problem is one of prime importance, and that, despite recent advances, it is by no means solved. Caught in a squeeze between the high cost of adequate ventilating systems and the inability of any single odor counteractant to handle inexpensively all the numerous and varied odors in their institutions, the administrators hope that the intensive research now going on will produce an answer to their problem. Thus far, however, the universal deodorant which can destroy every kind of odorous substance is just an ambitious ideal, beyond the scope of any known chemical or physical agent.

THE FLEET ENEMA DISPOSABLE UNIT

FOR OFFICE, CLINIC, HOSPITAL, OR HOME USE

For proctoscopy and sigmoidoscopy^(1,2)

For preoperative cleansing and postoperative use^(2,3)

To relieve fecal or barium impactions^(2,3,4)

For use in collecting stool specimens⁽⁵⁾

As a routine enema

In ready-to-use polyethylene "squeeze bottle" . . . sanitary rectal tube sealed in cellophane envelope . . . distinctive rubber diaphragm prevents leakage and controls rate of flow. Each single use unit of 4½ fl. ozs. contains in each 100 cc., 16 Gm. sodium biphosphate and 6 Gm. sodium phosphate — an enema solution of Phospho-Soda (Fleet), as effective as the usual enema of one or two pints . . . provides complete left colon catharsis in two to five minutes.

(1) Sweetman, C. A.: J. So. Carolina M. A., 49:38, 1953. (2) Marks, M. M.: Am. J. Dig. Dis. 18:219, 1951.

(3) Hamilton, H., in Trans. 5th Am. Cong. Obst. & Gyn., Mosby, 1952, p. 69. (4) Burnikel, R. H., & Sarecher, H. C.: Am. J. Dig. Dis. 19:191, 1952. (5) Marks, M. M.: Personal Communications, 1952-53.

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New — Gentle . . .
Prompt . . . Thorough
THE FLEET ENEMA
in the "squeeze bottle"
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MUSTEROLE

is recommended by many
BABY DOCTORS

to relieve distress of
CHEST COLDS

and break up painful
local congestion

Musterole not only promptly relieves coughs and aching muscles of chest colds—it also starts right in to help break up congestion in the nose, throat and upper bronchial tubes. Recommended among leading baby doctors.

Musterole contains camphorated oil, menthol, oil of mustard, methyl salicylate—all in a white stainless rub. Musterole creates needed concentrated, protective warmth on kiddies' chests, throats and backs. It helps prevent them from suffering distress of chest colds all during the night. In three strengths: Child's Mild, Regular and Extra Strong for adults.



FREE: Professional Sample on Request
The Musterole Company,
Cleveland, Ohio

Please send, without charge, professional sample of Musterole.

Name
Street
City State

Nervous System

[Continued from page 47]

antagonistic to the effects of parasympathetic stimulation. Atropine, the chief parasympatholytic drug, and others in this group may be employed therapeutically to dilate the pupils, suppress excessive salivation, dry secretions in colds and hay fever, reduce spasm in smooth muscles, especially of the gastro-intestinal tract, and reduce the production of acid in the stomach. Parasympatholytic drugs may also be used as antidotes to the cholinergic drugs when the latter have overstimulated various organs. Atropine is commonly employed as an antidote in toxic conditions of this type.

In *Drug Digest*, page 48, may be found four drugs—atropine sulfate U.S.P., phenylephrine hydrochloride U.S.P., benzpyrinium bromide N.N.R., and piperoxan hydrochloride N.N.R.—each of which is representative of the four classes of autonomic drugs previously discussed.

One should always keep in mind, though, that in any discussion of autonomic drugs as well as of the autonomic system, there is much that remains in question. According to one neurologist, there is no area of neurology where new data is so immediately beneficial to the physician as is the autonomic nervous system. If we knew more about this complicated system that lies outside of our conscious control we would undoubtedly be able to hold the whip hand over a great number of troublesome physical conditions.

A Perfect SOLUTION FOR THE DOUCHE Zonite

No other type liquid product for the douche of all those tested is so **POWERFULLY EFFECTIVE** yet safe to body tissues!

Here are the advantages in ZONITE for a cleansing, deodorizing douche:

1. The ZONITE principle was developed by a famous surgeon and scientist.
2. ZONITE is a powerful antiseptic-germicide.
3. It promptly washes away germs and odor-causing waste substances.
4. ZONITE *completely* deodorizes yet never leaves any lasting telltale odor of its own.
5. Positively non-poisonous, non-irritating.

**ZONITE HAS '101' VALUABLE USES
IN THE HOME and HOSPITAL
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6. ZONITE may be used as directed for the douche as often as needed without the slightest risk of injury.
7. It leaves the vaginal tract so dainty and refreshed.
8. Inexpensive. ZONITE costs only a few pennies per douche.

Zonite Products Corp., 100 Park Ave., Dept. RN-34, N. Y. C. Please send me without charge professional samples and literature on ZONITE.*

Name
Address
City..... State.....

*Offer good only in U. S. and Canada.

Candid Comments

[Continued from page 56]

perior nurse whom we need in such abundance today, is readier to stretch her mind and spirit to help with her thinking and ideals.

Ian Stevenson points out in "Why People Change,"* that with one or two possible exceptions, every human society thus far studied by anthropologists has developed "ethical ideals of service to others and sacrifice for the common good that are basically similar. This suggests," he continues, "some innate quality of humans, some planet-wide need of the species to feel love for others, to cherish and grow toward the ideal of helping others." While nursing offers an ideal way for meeting this need of, as Dr. Harold Taylor puts it, "giving part of ourselves away," we do not have a monopoly on altruism. It is quite conceivable that we can find it among our helpers too—the secretaries, orderlies, maids, aides, practical nurses. Not all of them are moved by altruism, but are all of us?

We are passing through an era of

*"Why People Change," by Ian Stevenson, *Harpers*, December, 1953.

tremendous strains and distortions, an era that has brought deplorable materialism and spiritual losses. We see hospital nursing all but breaking under the triple burden of more patients and more processes, and the introduction of an overwhelming army of new helpers in nursing, the majority of whom are unprepared by tradition and training for this role. We see patients neglected. We see these things—and more—with aching eyes and hearts. Our need for superior nurses has never been so pressing. We need nurses who can realize that we are in a period of transition, not destruction; nurses who do not succumb to fear and despair but who can find in themselves the spiritual and intellectual powers to carry through. The things that are wrong in the scene will be righted—if not today, tomorrow.

No one can view the many efforts on the part of nurses everywhere—from the small hospital or nurses' club to the mightiest institution and associations, and not feel a deep confidence that we are finding our way to a newer, stronger way of life that holds new promise for both patients and nurses.

AMAZING RELIEF *for* DRY, ITCHING SKIN *the Common Torment of Older Folks*

Rich in lanolin, Resinol Ointment lubricates oil-thirsty skin as the Resinol medicants relieve itching. Thus it is invaluable for older folks suffering from persistent itching and irritation due to loss of natural skin oil. Besides its special help to aged skin sufferers, Resinol quickly soothes discomfort of chafing, chapping, dry eczema, minor burns, simple rash . . . Try it!

To gently cleanse tender skin, use pure, lightly medicated Resinol Soap.

May we send you a professional sample of each? Just write Resinol RN-46, Baltimore 1, Md.

1 1/4 ounce and
3 1/4 ounce jars

RESINOL

At all
druggists

An Ideal Antacid-Laxative



CONFIDENCE

In every field there are a very few products whose quality and demonstrated dependability over many years give them a position of pre-eminence over all others. It is this dependability which inspires confidence and universal acceptance of Phillips' Milk of Magnesia. Known and recommended throughout the world for over 75 years.

PREPARED ONLY BY THE CHAS. H. PHILLIPS CO. DIVISION OF STERLING DRUG INC., 1450 BROADWAY, NEW YORK 18, N. Y.

Mothers-to-be will thank you!



Yes, expectant mothers will thank you for the fast relief they get from the heartburn distress of stomach hyperacidity—when you recommend CHOOZ.

This refreshing, antacid chewing gum gives wonderful results, often when all other remedies fail. Here's why!

The antacid ingredients in CHOOZ act promptly to neutralize excess stomach acids. And the *chewing* itself helps stimulate the flow of saliva, heightening the desired antacid benefits... helps give longer-lasting relief. Chewing also helps relax nervous tension.

CHOOZ contains no soda, cannot cause "acid rebound". It's entirely safe in usual dosage during pregnancy and may be recommended with confidence. For trial supply *free*, mail this coupon!

CHOOZ

CHEWING IS THE SECRET



PHARMACO, INC., Dept. RN-3
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Please send me a generous trial supply of antacid chewing gum, CHOOZ, absolutely free.

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(Offer limited to Nursing Profession)

Democratic Administration [Continued from page 33]

receiving it themselves. However, it is a tribute to nursing and nurses that the concept has been developed as well as it has. Unfortunately, nurses often work under a rigidly autocratic system which allows no room for creativeness—and yet they are criticized for not being creative.

The temper tantrums of a physician, the cold, aloof exactingness of a director of nursing, or the arbitrariness of a hospital administrator do nothing to develop harmonious relationships. There should be less complaining about the mechanical care given by floor nurses and more of an examination of why they give it. In order for patients to receive comprehensive care, nursing personnel must have the opportunity to feel secure and free from tension. They can only attain this opportunity for peace of mind under true democratic administration.

Let me add here that the worst leaders are those who believe they are democratic when they are not. The unpredictability of these administrators can only lead to confusion and bitterness. Pseudo-democratic leaders can often create the illusion of group processes, but the very dynamics of group activity will eventually reveal that this type of leadership is dependent on external authority. The glib selling of a program is another device which can be used to circumvent democratic methods.

Since an employer and an employee may view a situation different-



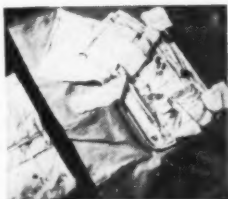
*This is how I felt
Monday mornings
before I
discovered...*

*Now...we have Sterilwraps!
Monday and everyday my work
goes faster and smoother!*

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FOR WRAPPING PACKS TO BE AUTOCLAVED

Safe, Re-usable, Economical Wrappers
The Nurse's Choice for Hospital Efficiency



STERILWRAPS are suitable for wrapping a wide range of soft goods and instruments, such as Lumbar Puncture Sets (above), Intravenous Sets, Drainage Sets, etc.



Convenient, easy-to-use, always available STERILWRAP Envelopes and Glove Cases insure maximum sterility retention.



Many small articles are conveniently packed in STERILWRAPS—towels, peritoneal pads, cotton test tubes, throat swabs, culture tubes, syringes, etc.

Convenient: Always ready, even when the laundry and sewing room can't deliver. Take much less space.

Cost less per use than conventional textiles. May be re-used.

A better, safer technique for keeping autoclaved items sterile as long as necessary.

The tensile and wet strength of Sterilwrap's cloth-like crepe is amazing. Won't stiffen or crack; easy to handle.

Use Sterilwrap the same way you use muslin. No change in technique or procedure.

Remember! The initial cost of re-usable Sterilwraps is the complete cost!



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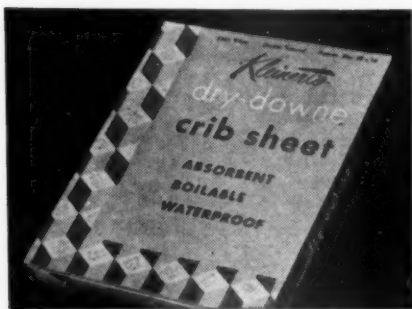
Test Sterilwraps, yourself!
Send today for your **FREE SAMPLE TEST KIT**, folder and price list. You owe it to yourself and your hospital to use the wrappers that save time, space, money and work.

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less work **for you ...**
better sleep **for baby**



with *Kleinert's*
dry-downe
crib-sheet



Dry-Downe is soft and snugly-warm ...has a fleecy flannel texture on both sides! It's absorbent ...yet it never feels cold and clammy when damp.

It's waterproof...can't wet through to other pads and linens. Saves hours of needless washing.

It's "washing-machine washable"...even boilable...comes out fresh and fluffy when washed in mild soapsuds.

We'll send you a swatch of Dry-Downe...and along with it, a copy of "Modern Ways in Toilet Training," written for Kleinert's by Robert M. Goldenson, Ph.D. Write today to Dept. N-11, I. B. Kleinert Co., 485 Fifth Ave., New York 17. New York.

ly, harmony can be achieved only when workable attitudes become the common basis for planning and action. Loafing, insubordination, the diverting of a real feeling of aggression toward management to co-workers with all its costly disharmony, excessive dependency, and the time-wasting habit of asking trivial questions are all examples of negative attitudes too commonly found in today's hospitals. More than ever, we should be concerned with establishing positive values. We are all aware of the Pavlovian concept of the conditioned reflex where with a given stimulus we get a predicted response. Then why don't we re-evaluate the stimulus conditions instead of complaining about the response pattern elicited?

Of course, we can't change anyone's attitudes unless he wants to change. But it is easier to change the thinking of a group than of any one individual; and when lines of communication are kept open, there is less likelihood of the formation of undesirable attitudes. In a change that has been decided upon by a group, the members will support each other in the change. When the goals are set by the group, they are usually attainable, and because each member has participated in the planning, there is a greater appreciation of what is involved in attaining the goal and the contribution that each must make.

Each member of a democratic staff has a sense of belonging and knowledge of expectations placed upon him. He conforms because he is de-



Mennen...in the baby picture since 1880

You know how it is...there's nothing like a *practiced* hand in caring for babies. And Mennen has given nurses a helping hand with babies, generation after generation!

Take MENNEN BABY OIL, for instance...the oil that's so free-flowing and quick-cleansing. Because it does *its* job so well, it speeds and lightens *yours*. And because it's a Mennen Baby Product, you know its purity and quality are of the highest!



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Keep the beauty of your skin



Lanoline supplements the natural oils of your skin. It provides protection against the drying effects of soap and detergents.

- smooth and creamy •
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'Wellcome'® brand Toilet Lanoline

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Please send me a sample of
'Wellcome'® brand Toilet Lanoline
with Solid and Liquid Petrolatum.

Name: _____

Address: _____

purse size ¼ oz. tubes
desk size 1¼ oz. tubes
for the nursery 1 lb. jars

◀ free sample on receipt of this coupon

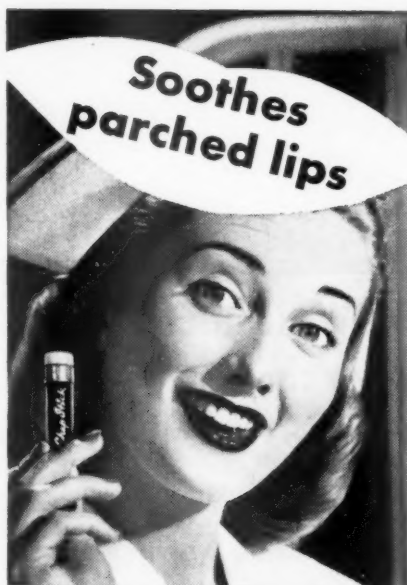
veloping a sense of "we" thinking rather than "I" thinking; he is reacting to the social pressures of the group. Moreover, the leader is more powerful because of his influence rather than his ability to remove his sanction. He works with people instead of having them work for him. He is the dynamic core of the group and commands respect for his worth rather than for his position.

The adoption of the democratic approach toward administration is urged because of serious doubts as to the effectiveness of the traditional or authoritarian approach which seems to be neither socially nor economically productive. Its failure is due to faulty attitudes rather than lack of technical skills. A good administration cannot ignore the personal needs of its members, and it must be willing to risk the changes which are necessary to lay the foundation for a dynamic organization. If we are to provide a workable basis for the many innovations now current, we must have people who are flexible, secure, alert, and capable of vision and well-channeled thinking and action. And this, I maintain, can best be accomplished through the techniques of democratic management and administration.

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March R.N. 1954



for Your Patients!

How often do you hear patients say: "My lips are so dry!" And how easy it is to apply the soothing comfort of 'CHAP STICK.' This handy little bedside companion is specially medicated for "hospital lips." *It's the only antiseptic lip balm.* You'll be surprised how much your patients will welcome the relief that 'CHAP STICK' brings—how thankful they'll be to you for suggesting it. Use it on your own lips, when they're chapped or cracked by wind and weather.

FREE PROFESSIONAL SAMPLES.

Mail this ad with your name and address printed in margin to:

Chap Stick Co.
Lynchburg, Va.





**NOW clean and whiten
your shoes in
JUST 2 MINUTES
WITH
ENERGINE SHOE WHITE**

Special detergent and the whitest pigment known to science Makes White Shoes Sparkle!



From ordinary white shoe polish.



From the whitest pigment known to science and used in Engerine Shoe White.

Cleaning white shoes can never be a pleasure. That's for sure! But ENERGINE SHOE WHITE makes the task less bothersome because it *cleans* as it whitens. And it *dries so much faster!*

The super-white pigment in ENERGINE SHOE WHITE makes even old, worn shoes dazzling white in record time. The special detergent in both the liquid and the cream melts dirt away as you apply it.

Don't think for a minute that all white shoe polishes are alike. Try ENERGINE SHOE WHITE, either liquid or cream, just once—and you'll never use any other kind. Get it today, 25c.



**ENERGINE
SHOE WHITE**

CLEANS AS IT WHITENS

Navajo Nurse

[Continued from page 37]

[Canyon Singer].” If you had done as I told you, my grandchild would now be well.

Nurse: Did you say, “My child has been sick only one day?”

Father: For one day he has had a hard cough, last night worse.

Nurse: May I wash off the black medicine, so I can examine your child better? (*Family goes into a huddle. Finally, father persuades the women to let it be washed off.*)

Mother: He will take cold, the baby, if water is used now on his skin! (*Nurse demonstrates sponge bath, careful to shield the child from “harmful” air. She finds a generalized, fine red rash.*)

Nurse: Have you any other children in the hogan with this same rash?

Father: Last month the older sister of my wife sent her daughter to stay with us. For no reason, she began to get sick. She had a red rash, but was not so sick that she had to lie down. My small daughter got sick some ten days later, but not feverish like the baby. Only he has had a hard cough.

Nurse: Are those children well now?

Father: Yes. (*Nurse explains as simply as possible how contagious disease is spread and why a child with a rash, cough, or fever, should be kept in bed—not taken to trading posts or ceremonies.*)

Nurse: How many months has your baby?

Mother: Twelve are his months.

Nurse: Do you have a nursing bottle

For Symptomatic
DYSMENORRHEA



FAST RELIEF with MIDOL

**Only MIDOL contains the exclusive
anti-spasmodic, cinnamylephedrine**

EFFECTIVE analgesic and anti-spasmodic medication with mild stimulation forms an essential part of the successful symptomatic management of dysmenorrhea.

The time-tested Midol formula provides in convenient tablet form effective analgesics, a mild stimulant and the exclusive anti-spasmodic, cinnamylephedrine, which relaxes uterine spasm without undesirable pressor effects.

For free professional sample and booklet "What Women Want to Know", address: Midol, Dept. Q-34, Box 280, N. Y. 18, N. Y.





Nurses find hypoallergenic Almay Skin Lotion soothes and softens even the most sensitive skin.

SCIENTIFICALLY FORMULATED . . . penetrates the skin without leaving any trace of stickiness.

COSMETICALLY ELEGANT . . . pleasant to use on face, hands and body. Perfumed or unscented. Available in 4 fl. oz. bottles.

FOR CHAPPED HANDS . . . ALMAY HAND CREAM may be used for a substitute for soap . . . may be washed off with warm water.



For Skin Lotion sample, just write name and address and affiliation in margin and mail to:

ALMAY

Division of Schieffelin & Co.
22 Cooper Square • New York 3, N. Y.



in your hogan, for his drinking water?

Father: (Proudly) He drinks coffee from our cup. (Nurse gets a sterilized bottle and nipple from cupboard, fills it with sterile water, adds a particle of soda bicarbonate. Many families will not give water to the sick but if it contains "medicine" it is acceptable to the Indians and the patient will be given the fluid he needs.)

Nurse: I am lending you this. Take good care of it. This is Washington's nursing bottle, not mine. So tomorrow, when I visit your child, I will get the bottle. Keep baby in bed, give him cool, boiled water with this much of the powder medicine in it every two hours. Do you have a clock to follow the change in the sun?

Father: No.

Nurse: Then give him water four times between sunrise and noon, four times between noon and sunset. If baby is still awake, again when Big Star is about there (pointing with curved finger to the horizon).

Grandmother: Drinking water should be warm.

Nurse: When baby has a fever, Grandmother, perhaps it will taste better to him if it is cool . . . Yes? (To family) Do you understand now what to do for this sick child? Keep him warm in bed, give a sponge bath for fever, boiled water every two hours. Tomorrow, when the sun is there (pointing) I will visit your home to see how baby is.

Johnson's Baby Soap...
a mild castile soap...
is specifically formulated
for use on the infant's
delicate skin.)



Johnson & Johnson





She's Proud and Happy—and so are We!

This smiling young lady is being awarded the 1,000th nursing scholarship given through the Florists' Telegraph Delivery Association.

She is Miss Mary Lou Duple of Galveston, Texas, a student nurse at St. Joseph's Hospital, Houston, Texas. With her is Mr. James Lawrie, president of the F.T.D.A. Home-town member florists throughout the country have financed these scholarships through their contributions to the F.T.D.A. Nursing Scholarship Fund. They are proud to have made possible careers in nursing to 1,000 fine American girls — who in turn have dedicated themselves to the welfare of all America.



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Positions Available

ADMINISTRATIVE SUPERVISOR: 11-7 shift, 40 hr. week, 332 bed general hospital with School of Nursing. Desire Bachelor of Science Degree. Experience as Administrative Supervisor or Head Nurse essential. Liberal personnel policies. Living accommodations available. Salary commensurate with qualifications. Immediate opening. Apply Director of Nursing, The Toledo Hospital, Toledo 6, Ohio.

ADMINISTRATOR: 48 bed general hospital. Apply to Administrator, Lutheran Hospital, Hampton, Iowa.

ADMINISTRATORS: (a) Small new hosp. Ex. working conditions. Resort area, SW. (b) 50 bed gen'l hosp., excel. facilities. \$6000, nr. univ. med. center, MW. (c) Small gen'l hosp. Fully acc'd. Small town, great lakes region, Ohio. (d) 125 bed conv't home & infirmary. 2 units. Twn 15,000. Famous resort area, MW. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ADMINISTRATORS: (a) New gen'l hosp., completion June. Resort town. \$7-\$8,000. (b) Small gen'l hosp. resort town, Rocky Mts. (c) New hosp. 50 beds. New England. (d) Home for older person, 140 guests, E. RN3-1 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETIST: Starting salary \$350 mo. Methodist Hospital, 6th St. and 7th Ave., Brooklyn, N.Y. SO8-6000, Ext. 142.

ANESTHETISTS: A.A.N.A. member. 250 bed general hospital, salary open, automatic increases, laundry provided, 40 hr. week, no obstetrics, liberal vacation and personnel policies, Social Security. Sutter Hospital, Sacramento, Calif.

ANESTHETISTS: Two. One immediately, one in March. Excellent salary, work with full-time anesthesiologist. Send qualifications, salary requirements and references in first letter. Box FC-1 c/o R.N. A Journal for Nurses, Rutherford, N.J.

ANESTHETISTS: (a) Direct, school of anes. Degree, experience, teaching ability req. \$7000. (b) Two. 200 bed hosp. Med. anes. in charge, univ. city, MW. \$500, mtce. (c) Gen'l hosp. 125 beds outside US. Although tropical country, mild climate. (d) Two for

operating room only. Lge. gen'l hosp. hour's ride from N.Y.C. \$400-\$500. (e) Small gen'l hosp. resort town on Island. \$450, mtce. So. (f) Ass'n 10 man group, coll. town, W. Coast. \$450-\$550. (g) Anes.-supt. New hosp. 50 beds, Texas. (h) Ass'n group med. anes. Calif. RN3-2 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

CAMP NURSE: From June 28-Aug. 25. Christian boys' camp in Dartmouth-Lake Sunapee Region of New Hampshire. Enrollment 50. Salary \$300. Address John Mattis, 6 Parker Ave., Maplewood, N.J.

CLASS ROOM & CLINICAL INSTRUCTOR OF MED-SURG. NURSING: Bachelor's Degree and some experience required. Salary open. Good personnel policies. Write to Superintendent, Florida State Hospital, Chattahoochee, Fla.

CLASS ROOM CLINICAL INSTRUCTOR OF PSYCHIATRIC NURSING: Bachelor's Degree and experience required. Salary open. Good personnel policies. Write to Superintendent, Florida State Hospital, Chattahoochee, Fla.

CLINIC, INDUSTRIAL, OFFICE: (a) Two clinic, coll. town, resort area, MW. (b) Office nurse by Board neurosurgeon, univ. city. (c) Student health nurse, univ. dept. W. (d) Office nurse, qual. type, fashionable hotel, lge. city. (e) Courier nurses, transcontinental. (f) Chief nurse, industrial group, MW. (g) Indus. nurse consultant. Leading insurance Co. Some travel. (h) College. 530 students, co-ed. Sept. '54. RN3-3 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

CLINICAL INSTRUCTORS: In the Medical and Surgical areas. 332 bed hospital located in an attractive residential section. Student body of 160. Degree in nursing education and some teaching experience preferred. Salary range for 40 hr. week \$320-\$430. Beginning salary commensurate with experience and preparation. Liberal personnel policies. Living accommodations available. Apply to Director of Nursing, The Toledo Hospital, Toledo 6, Ohio

CLINIC NURSE: (a) Popular Health Resort Clinic. \$3600, mtce. and apt. Nr. large med. cent. MW. (b) 32 man group, research center. New, modern. City 110,000, health and resort cent. SW. (c) New clinic for O.P. dept. 50 bed hosp. Privately owned. Minimum \$3600. Lovely twn, scenic valley Calif. (d) Head, active O.P. dept. 400 bed hosp. part of

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DIRECTOR, NURSING SERVICE: 135 bed general hospital. Eastern area. Salary open. Maintenance included. Write Box TBH-1 c/o R.N. Magazine, Rutherford, N.J.

DIRECTOR OF PERSONNEL: To serve as counsellor & advisor for student nurses, 230 bed gen'l hosp. Excel. personnel policies. Tw'n 14,000, Penn. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

DIRECTOR SCHOOL OF NURSING EDUCATION: Connected with mental hospital maintaining three year basic program and affiliation program for psychiatric nursing. Master's Degree preferred and experience required. Salary open. Good personnel policies. Write to Superintendent, Florida State Hospital, Chattahoochee, Fla.

DIRECTORS OF NURSES: (a) Vol. gen'l hosp. 350 beds, 165 students. Univ. affil. Univ. center, E. \$7500. (b) Vol. gen'l hosp. fairly lge. 100 students, outstanding oppor. (c) Gen'l 250 bed hosp. Collegiate prog. Coll. town, MW. \$6000-\$7000, mtce. (d) Fairly lge. gen'l hosp. interesting city outside US. Fine school. (e) Nursing serv. univ. hosp. Excel. sal. Priv. apartment, E. (f) Nursing serv. gen'l 200 bed hosp., resort town, Calif. (g) Small gen'l hosp. res. town, near univ. center, E. (h) Nursing serv. new hosp. 125 beds, coll. town, So. \$400, mtce. RN3-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

FACULTY POSTS: (a) Ed. dir. 150 students. Lovely city, island group, outside U.S. (b) Ed. dir. collegiate school, vol. gen'l hosp. 100 beds. Coll tw'n 85,000 nr. univ. med. center, MW. (c) Ed. dir. as Dean, collegiate school, univ hosp., Ass't Prof. Must have at least B.S. \$5000, Large univ. med. center, S. (d) 300 bed gen'l hosp. Ed. dir. \$5000, lovely coll tw'n, MW. (e) Ed. dir. 500 bed gen'l hosp. Med. school aff'l. Univ. group. Exc. facilities, pref. southerner, univ. city, S. (f) Nursing Arts instr. faculty rank, collegiate school, 80 students. \$5000. Univ. med. center, MW. (g) Nursing arts instr. Collegiate school. 100 bed gen'l hosp. Deg. required. \$4800. Coll tw'n 100,000, MW. (h) Nursing arts instr. 60 students, new 100 bed gen'l hosp. Scenic coll. tw'n 40,000 New Eng. (i) Clinical instr. Med. & surg. 85 students. Basic sciences taught at univ. school. 200 bed gen'l hosp. \$5000. Lovely tw'n 100,000. Univ. med. and cultural center, MW. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill. [Turn the page]

March R.N. 1954

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GENERAL DUTY NURSES: All departments, 200 bed hospital. Salary \$11-\$12.60 per day plus P.M. and night bonus. Sick and vacation allowances. Quarters available adjoining hospital \$18 per mo. Send full details and snapshot to: Director of Nurses, Doctors Hospital, 12345 Cedar Road, Cleveland Heights, Ohio.

GENERAL DUTY NURSES: New 45 bed general hospital. College and resort city. 40 hr. week. Liberal personnel policies including all meals and laundry. Social Security, Wisconsin Retirement Plan. Apply Ripon Municipal Hospital, Ripon, Wis.

GENERAL DUTY NURSES: 31 bed general hospital in Central Ohio. 44 hr. week, 6 holidays, 2 weeks vacation and 2 weeks sick leave after 1 year. Blue Cross hospitalization available, Public Employees Retirement System. Starting salary \$270 per mo. with uniform laundry. \$10 increases after 1 year and 2 years, \$10 additional for afternoon and night shift. Contact Superintendent of Hospital, Pomerene Memorial Hospital, Millersburg, Ohio.

GENERAL DUTY NURSES: For medical, surgical and maternity services. New 200 bed hospital, good personnel policies, 44 hr. week, including 7 holidays, hospitalization, Social Security. Apply Director of Nursing, Chambersburg Hospital, Chambersburg, Pa.

GENERAL DUTY NURSES: For 120 bed hospital. Starting salary \$237.50 with a charge of \$22.50 for full maintenance. 40 hr. wk. Surgical Nurses, starting salary \$247.50. Additional \$10 per mo. for evening and night duty, regular increases. Nurses' home recently redecorated and refurnished. Liberal personnel policies. Hospital approved A.C.S. Southern Wyoming community of 12,000. Write or wire Director of Nurses, Memorial Hospital, Rock Springs, Wyo.

GENERAL DUTY NURSES: 75 bed general hospital in Southern California. 40 hr., 5 day week. Prevailing salaries paid. Full maintenance available. Apply Director of Nurses, Redlands Community Hospital, Redlands, Calif.

GENERAL DUTY STAFF NURSES: For 165 bed hospital in residential suburb of Chicago. 40 hr. duty after 9/1/53. Cash salary \$215 for day duty, \$225 for evening duty and \$230 for night duty. Full maintenance in addition to salary includes single room in new nurse's residence plus meals and laundry, which is equivalent to \$335 per mo. Low rental apart-

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GENERAL STAFF NURSES: This is a nice place to work in preferred department of 200 bed general hospital with liberal personnel policies including 40 hr. wk., choice of two schedules, retirement plan, paid hospitalization insurance premium, cumulative 30 day sick leave, pro-rated and progressive vacation, 6 holidays annually, meals at cost, rooms for \$20 monthly in residence beautifully located directly on Detroit River and 30 minutes from Detroit. Beginning salary, evenings \$304.47-\$313.13; nights, \$299.47-\$308.13; days, \$289.47-\$298.13. For details write Director of Nursing, Wyandotte General Hospital, Wyandotte, Mich.

GENERAL STAFF NURSES: 250 bed general hospital and 72 bed maternity hospital. Starting salary \$280, \$5 per month tenure increase for each 6 months of service to a maximum of \$310. Social Security, sick leave, prepaid medical and hospital care. \$10 additional for afternoon and night shift, \$10 additional for delivery room, \$20 additional for surgery. Up to 3 weeks vacation at end of 4 years. 7 paid holidays, 8 hr. day, 40 hr. week. Apply to Director of Nurses, Sutter Hospital, Sacramento, Calif.

GRADUATE NURSES: Public Health Training Program open to graduate nurses 20 to 40 years, \$3889 to \$3971 per year. Trainees take academic work at University while gaining paid experience in field. Other openings for trained public health nurses, 22 to 45 years, \$2971 to \$4350 per year. 40 hr. week, liberal paid vacations, sick leaves, pension system, Civil Service status, educational leaves. Apply Detroit Civil Service Commission, 735 Randolph St., Detroit 26, Mich.

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MEN NURSES: (a) Anes. Group med. anes. Pac. Coast. (b) For esophagoscopy & post-anes. Leading hosp. Chicago area. (c) Staff. School for delinquents. MW. RN3-6 Burnice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

NURSE ANESTHETIST: Approved hospital, convenient transportation. Salary open. Apply Administrator, Hospital of St. Anthony de Padua, 2875 West 19th St., Chicago, Ill.

NURSE-ANESTHETIST: 45 bed general hospital, new surgery, modern anesthesia equipment, no O.B. Very attractive salary. Unusual opportunity to increase present earning power. Position open April 1, 1954. Contact Administrator, Victory Memorial Hospital, Stanley, Wis. [Turn the page]



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1954

NURSE ANESTHETIST: 300 bed hospital near Pittsburgh. Average 40 hrs. per week. Starting salary excellent with yearly increase. Fine working conditions. Write details of training and experience to Administrator, Butler County Memorial Hospital, Butler, Pa.

NURSE ANESTHETISTS: Two, to increase staff. Working conditions excellent. Apply Chief, Anesthesia Dept., Mercer Hospital, Trenton, N.J.

NURSE, REGISTERED: 40 hr. week, starting salary \$240 for days, other shifts \$250 plus meals, apartments available, non-sectarian hospital. Write Director of Nurses, St. Francis Hospital, Cambridge, Ohio.

NURSES: Operating Room and General Staff duty for 225 bed well-equipped hospital. 40 hr. wk., Social Security, sick leave, vacation. Apply to Director of Nurses, St. Francis Hospital, Miami Beach, Fla.

NURSES: Positions available for R.N.'s under age 50. Beginning salary \$300 per mo. \$5.00 longevity increase every 6 mos. for 3 yrs. Retirement plan, sick leave benefits, 11 holidays, 3 weeks vacation, 40 hr. week. New modern residence. State eligibility for California registration and submit photo to Director of Nurses, Tulare-Kings Counties Hospital, Springville, Calif.

NURSES: General Duty Nurses wanted for summer positions commencing June 1 through October 31. Spend your summer in Bar Harbor, gateway to beautiful Acadia National Park. Write for full details, Mount Desert Island Hospital, Bar Harbor, Me.

NURSES: Florida State Registered Negro Nurses in Negro Hospital. 40 hr. wk., 2 wks. vacation, 7 sick leave days. General duty \$200 mo. plus meals and laundering of uniforms. Surgery and Head Nurses \$210 monthly. Apply Administrator, St. Mary's Hospital, W. Palm Beach, Fla.

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NURSING ARTS INSTRUCTOR: 300 bed, non-profit hospital located in beautiful seaport southern city, 20 minutes to the beach. Population 50,000. Attractive salary and full maintenance. Straight 8 hr. day, 44 hr. week, liberal vacation and sick leave. For information write Director of Nurses, James Walker Memorial Hospital, Wilmington, N.C.

NURSING ARTS INSTRUCTOR & ASS'T TO MED-SURG. INSTRUCTOR: 300 bed hospital 30 mi. from Pittsburgh. Opportunity to attend university. School of nursing, 100 students. Qualifications for Nursing Arts Instructor: B.S. in Nursing Education, major in Nursing Arts, experience as head nurse. For Assistant Clinical Instructor: Experience as head nurse, university preparation for teaching, some advanced work in Medical and Surgical Nursing. \$325 a mo. Responsibilities entirely teaching. Maintenance available if desired. Apply Box BSMH-1 c/o R.N. Magazine, Rutherford, N.J.

OBSTETRICAL SUPERVISOR: 225 bed general hospital. Accredited school 75 students. Degree required or special preparation for teaching obstetrics. 40 hr. week and employee benefits. Apply Director of Nursing, Santa Barbara Cottage Hospital, Santa Barbara, Calif.

OBSTETRICAL SUPERVISOR: 160 bed hospital with 30 bed obstetrical unit. Salary, 40 hr. week, \$64.80 per week with regular increases after 6 mos., 1½ years and 3 years. Vacation with pay, 2 weeks after 1 yr. Sick leave, 1 day for each mo. after 6 mos. and accumulative to 30 days. 6 holidays per yr. Apply to Director of Nursing Service, Elkhart General Hospital, Elkhart, Ind.

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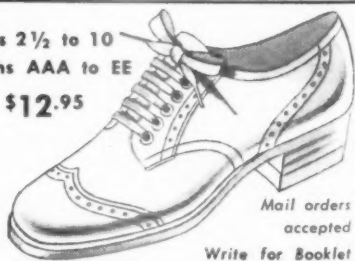


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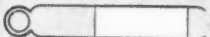


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PUBLIC HEALTH: (a) Staff & supervisors, county dept., Calif. Cars provided. (b) Senior PH nurse, outside U.S. RN3-9 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

PSYCHIATRIC CHARGE NURSE: Mature R.N. or practical for day or night duty in 70 bed private psychiatric hospital. Complete maintenance. Experience not necessary. Baltimore suburbs. Dr. Taylor, Taylor Manor, Ellicott City, Md.

PSYCHIATRIC NURSES: Apply now for psychiatric nurse (\$310-\$358), senior psychiatric nurse (\$325-\$395), or supervising psychiatric nurse (\$358-\$436) in one of California's 13 mental hospitals. One year psychiatric experience or more. Examinations given throughout U.S. in April, July and November. Apply at once for early exam. State Personnel Board, 1015 L Street, Sacramento 14, Calif.

PUBLIC HEALTH NURSE: Experience in public health nursing not essential but preferred. Inservice training, large city-county health unit. Salary \$3500-\$4000. Social Security and generous sick-leave. Immediate appointment. Write Director, Kalamazoo City-County Health Dept., 241 W. South St., Kalamazoo, Mich.

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R.N.: Young, ambitious, knowing routine laboratory & X-ray or willing to learn. Beginning \$325 cash monthly plus room, board. (If married, flat nearby). Car, vacation, \$300 bonus, equalling \$6000 annually. Small Hospital-Clinic. Dr. Keyes, Dearborn, Mich.

REGISTERED NURSE: For general duty, 24 bed hospital, excellent salary, 2 weeks vacation, sick leave. Living accommodations available. Apply L. L. Deskin, Business Manager, Karnes County Hospital Association, Karnes County, Tex.
[Turn the page]

March R.N. 1954



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REGISTERED NURSES: For general duty in new 50 bed hospital opening soon in beautiful resort area 32 miles from Milwaukee. Attractive personnel policies including 40 hr. week. Apply Director of Nursing, Memorial Hospital, Box 27, Oconomowoc, Wis.

REGISTERED NURSES: Capable of giving anesthesia. Liberal personnel policies, good salary. Write Laura G. Yamamoto, Adm. Molokai Community Hospital, Hoolehuan, Molokai, Hawaii.

REGISTERED NURSES: For a 48 bed general hospital. Basic salary of \$260 per mo. for a 5 day 40 hr. week with increases at 6-12-24-36 and 48 mo. intervals. \$20 extra for 3-11 shift and \$10 extra 11-7 shift. Blue Cross Hospital Insurance provided for employees. Two weeks annual vacation with pay and accrued sick leave. Contact Mrs. Gladys Renshaw, Supt. of Nurses, or write Silvertown Hospital, Silvertown, Ore., giving full particulars in first letter.

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STAFF NURSES: For 225 bed Southern California general hospital. 40 hour week, salary range \$245-\$275. Paid vacation, sick leave, housing available \$10 a month. Apply Personnel Director, Santa Barbara Cottage Hospital, Santa Barbara, Calif.

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STAFF NURSES: For general hospital of 160 beds. Salary 40 hr. week, \$56.40 per week

March R.N. 1954



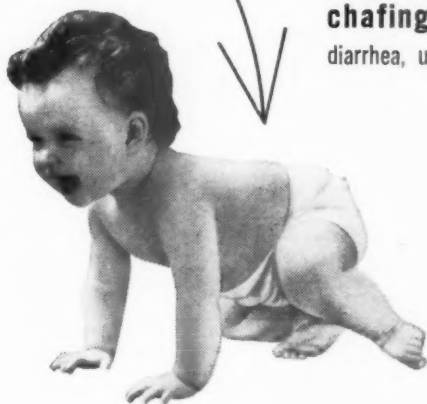
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1. Grayzel, H. G., Helmer, C. B., and Grayzel, R. W.: New York St. J. M. 53:2233, 1953.
2. Helmer, C. B., Grayzel, H. G., and Kramer, B.: Archives of Pediatrics 68:382, 1951.
3. Behrman, H. T., Combs, T. G., Gebroff, A., and Leviticus, R.: Ind. Med. & Surgery. 18:512, 1949.
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1. Klarmann, E. G., Wright, E. S., and Shernov, V. A.: Prolongation of the Antibacterial Potential of Disinfected Surfaces. *Applied Microbiology* 1:19, 1953.

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WIS. REG. R.N.: For 3-11 shift, 5 or 6 day week, \$11.50 per day plus one meal. Experience in OB desirable; not essential if willing to learn and able to assume responsibility. New 14 bed hospital in summer and winter resort country. Write to Mrs. Ethel Cook, R.N., Supt., Northwoods Hospital, Phelps, (Vilas County) Wis. After May 15 Night Nurse wanted, same qualifications as above.

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March R.N. 1954

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for the bland diet

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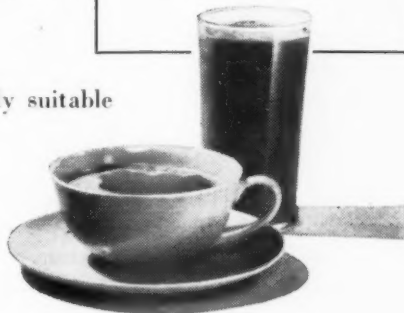
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CHLORINE.....	900 mg.
COBALT.....	0.006 mg.
*COPPER.....	0.7 mg.
FLUORINE.....	0.5 mg.
*IODINE.....	0.7 mg.
*IRON.....	12 mg.
MAGNESIUM.....	120 mg.
MANGANESE.....	0.4 mg.
*PHOSPHORUS.....	940 mg.
POTASSIUM.....	1300 mg.
SODIUM.....	560 mg.
ZINC.....	2.6 mg.

VITAMINS

*ASCORBIC ACID.....	37.0 mg.
BIOTIN.....	0.03 mg.
CHOLINE.....	200 mg.
FOLIC ACID.....	0.05 mg.
*NIACIN.....	6.7 mg.
PANTOTHENIC ACID.....	3.0 mg.
PYRIDOXINE.....	0.6 mg.
*RIBOFLAVIN.....	2.0 mg.
*THIAMINE.....	1.2 mg.
*VITAMIN A.....	3200 I.U.
VITAMIN B ₁₂	0.005 mg.
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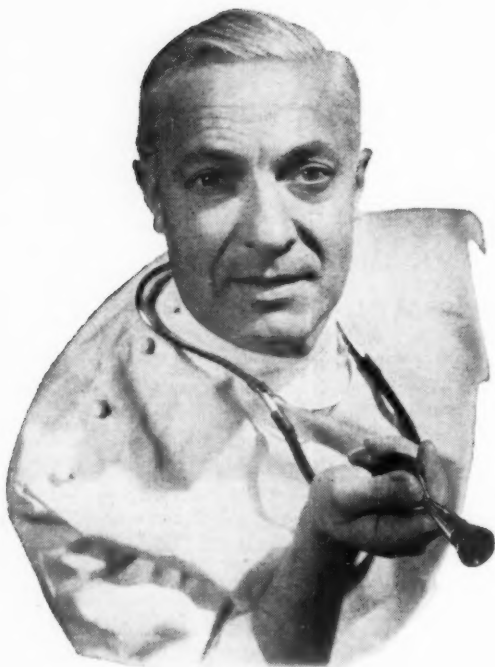
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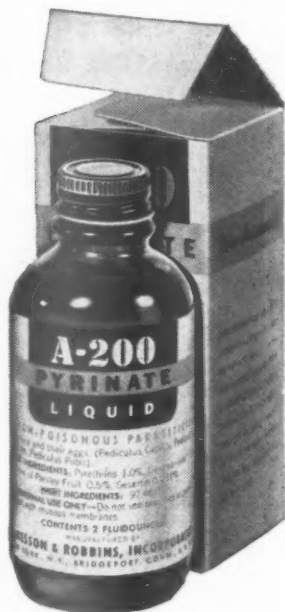
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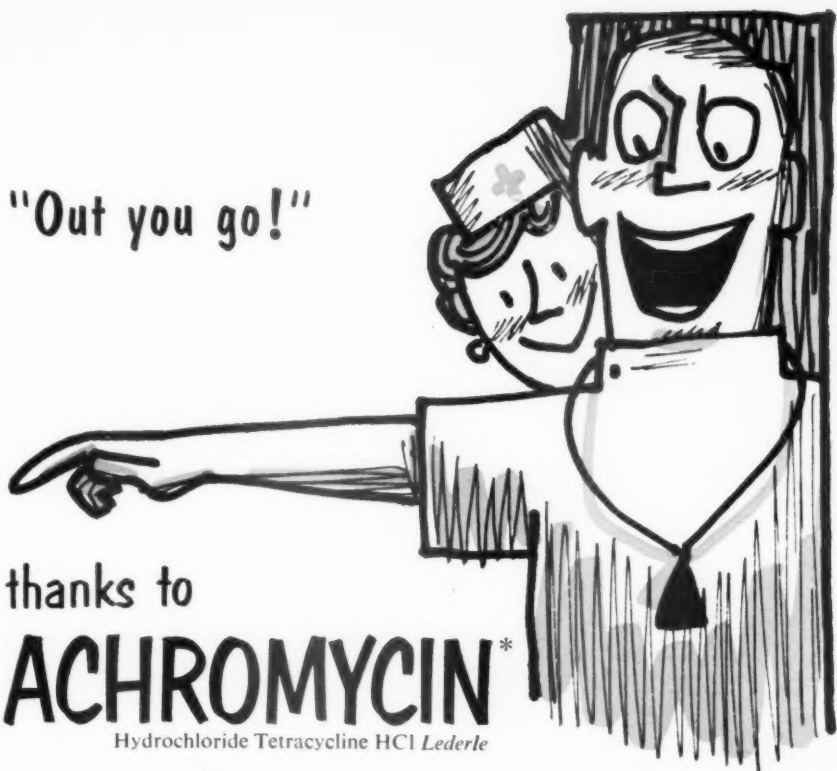
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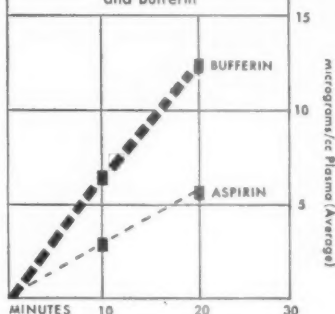
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